A Course of Lectures

ON THE

PROGRESS OF ANATOMY AND SURGERY DURING THE PRESENT CENTURY.

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LECTURE IV.

ON LITHOTOMY IN CHILDREN AND ON LITHOTRITY.

MR. PRESIDENT AND GENTLEMEN,—Much of the interest associated with lithotomy has reference to the operation on the adult. It appears to me that the difficulties and dangers of this operation have been estimated more from the results than from the actual process. Hence, as lithotomy is known to be comparatively safe when performed on subjects at any age prior to puberty, it has been deemed equally easy in performance; and a widespread notion prevails that in children it is so readily effected that little study, thought, or care has been bestowed upon it.

My own experience has led me to imagine that surgeons have treated this subject too lightly; and, at the risk of being thought to have entered on ground already thoroughly explored, I shall venture to step freshly upon it, with the conviction that, although I may state nothing which is not already well known to experienced lithotomists, I may do much good to beginners by directing attention to certain points which have heretofore been scarcely, if at all, referred to by clinical teachers or surgical authors.

It has been computed that about a third of those on whom lithotomy has been performed have been under the age of puberty, and the average mortality in such cases is about 1 in 30. Comparing this result with that of the operation on the adult, the measure of success is large indeed; and hence, doubtless, has arisen the common impression that the mechanical process in the young is simple in all respects. I am firmly convinced, however, that a great mistake prevails on this point, and that as much care and skill are required on the part of the surgeon in operating on young subjects as on adults; I should say, even more; for in my personal experience I have often felt more doubtful during the steps of the proceeding upon children than when dealing with the full-grown man.

The history of lithotomy shows clearly that when the operation is satisfactorily accomplished in children, its success is almost certain. Yet we often hear of difficulties and great mishaps in young subjects, and, in particular, we often hear of the operation being abandoned for a time, or of the cutting having been performed when a stone has in reality not been found. If these matters had been more referred to heretofore by authors, operators, and teachers, we should, I imagine, have heard more of the difficulties and fatality of lithotomy in young subjects than some people think of; at any rate, a more wholesome idea would have prevailed regarding the subject than, in my opinion, prevails at the present time.

These remarks have been suggested by what I have seen, read, and heard of in the practice of others during the time I have been in the profession, as well as by my personal experience. In my early days of study I was struck and excited by the circumstance that a surgeon of repute had cut into the bladder of a child to extract a stone where none could be felt. The case was considered an example of error in diagnosis. The patient recovered from the wound, but the symptoms of stone continued, and about three months afterwards another surgeon extracted a stone of considerable size from the bladder by the ordinary operation of lithotomy. Another case of a like kind came under my cognizance about the same time, and the impression on my mind was strong that in neither instance had the bladder been reached in the first operation.

In early life I assisted an experienced operator in this proceeding on the adult. Having, as he supposed, cut into the bladder, the stone could not be touched. Here I had an opportunity of examining the wound, and, a suggestion having been made that the bladder had not been opened, the operator, with remarkable dexterity, cut further in the right direction, opened the viscus, and, with great rapidity, extracted the stone, which he had previously detected by sounding. In this instance I had no doubt whatever that the surgeon had not originally cut deep enough, but had made a space with the forefinger of his left hand, between the pubes and neck of the bladder, which he had for a time mistaken for the bladder.

These and other similar instances which occasionally came to my knowledge, gave me a strong impression that in those cases where surgeons were stated to have cut for stone where one had not been present, they had probably not reached the bladder at all. In the course of time this impression has become much strengthened, and in giving, by this lecture, greater currency than heretofore to the frequent clinical observations which I have made on this subject, I feel assured that my experience and views will not be lost upon those who are earnest in the study of this most interesting operation.

As a beginner, I was taught, or had imbibed the idea, that lithotomy in children was simple in execution; and when I began to operate on the living body this impression was confirmed for a time. I had seen the incisions effected with admirable dexterity by means of a common scalpel, and in my first operation I used a similar instrument. The proceeding seemed simple in the extreme, and I adhered to the same method on subsequent occasions with most satisfactory impressions, until unexpectedly a difficulty arose which produced an effect on my mind that time cannot efface.

After many operations on the adult and on the young subject, I had in a manner forgotten my early knowledge of the position of the bladder in children, and not only was content to make the incisions with a simple scalpel, but had in a measure got careless about some matters of great importance. On the 17th of March, 1849, I had to operate on a boy four years of age at King's College Hospital. I used a scalpel, as I had often done before, and made the ordinary incisions for lateral lithotomy. A grooved staff with a large curve was the director into the bladder. In making the deepest part of the incision I purposely used the cutting instrument as lightly as possible, with a view to open only a part of the membranous portion of the urethra, and notch the prostate and neck of the bladder. These objects being effected, the point of the forefinger of my left hand was, as usual, placed on the staff, and pushed gently towards the bladder. The finger went on, but I was aware that it had not got between the urethra and the staff. With an insinuating movement (much to be appreciated by the lithotomist who, as I do, professedly makes a small incision in this locality), I endeavoured and hoped to get its point as usual into the urethra and neck of the bladder. But here I felt conscious that I had failed. I was aware that the finger was getting deeper as regarded the depth of the perineum, but that I was not materially nearer the bladder. I could feel a considerable space at the point of my finger, and was convinced that the upper part of the membranous portion of the urethra, as well as the sides above the wound, had given way to the pressure of the point of the finger, and that now, as the latter was getting deeper into the wound, I was only pushing the prostate gland and neck of the bladder inwards and upwards. These parts seemed to recede before the smallest imaginable force, whilst I felt that I could in a manner make any amount of space round the bare part of the staff. I had no difficulty in distinguishing between the surface of this space and that of the mucous membrane of the bladder. Moreover, I knew that I had never crossed that narrow neck which is always felt as the finger passes into the bladder when a limited incision is made. An impression came over me that I was about to fail in getting into the bladder, and I had the idea that unless I could open the urethra just in front of the prostate more freely I should possibly never reach the stone. Any additional use of the forefinger of the left hand only endangered the further separation of the prostate and neck of the bladder from the pubes, and I was conscious that the only safety lay in cutting a little more freely on the groove of the staff. This I effected with great caution, and then I could appreciate the passage of the finger

as usual through the prostate and neck of the bladder. The stone was thereafter easily touched and removed; but when all was finished I was forcibly impressed with the idea that I had nearly failed in the performance of the operation. Here is the stone itself; one of the smallest I have ever removed by lithotomy. An onlooker might not have been able to perceive the cause of this emergency, but I was myself conscious that I had not reached the bladder, even at a time when the finger seemed deep in the perineum. Happily, the patient recovered, though slowly, in consequence of the lacerated character of the wound and the formation of an abscess in the left testicle.

FIG. 44.

Until this date I confess I had never fully appreciated this danger and difficulty in lithotomy in young subjects. I had read of the slipping of the gorget in this operation, and become acquainted with the fact that futile incisions had often been made, and with the supposed mistake of the surgeon in cutting when no stone was present; but now a new idea flashed on my mind, and from that time I have never lost sight of it. I have never performed lithotomy on children in public without referring to it. I have observed, since that time, that the subject has been alluded to by certain surgical authors, but I am not aware that it had ever been specially noticed before.

From all my experience I feel justified in stating my conviction that most of the cases heretofore related as instances where the incisions for lithotomy have been made and a stone has not been present, have been examples where the surgeon has failed to reach the bladder from the cause just narrated. Since I have been impressed with this view I have known of cases where, death having followed the incisions, the stone has been found in the bladder at a post-mortem inspection; and I have also heard of others where the stone has been successfully extracted at a second operation, after the first wound has been allowed to heal.

The mishap is much more likely to occur than most surgeons imagine, and my opinion is founded upon the following grounds:—The size of the wound is necessarily limited, so that the forefinger of the left hand in a manner fills it. The perineum is much deeper in proportion in the child than in the adult, and, in addition, all the material is loose, lax, and loaded with fat. The circumstance that the bladder is more abdominal than pelvic in early life has been greatly overlooked. The slender tissue of the membranous portion of the urethra, the narrowness of the tube (both contributing to the facility with which the circumference may be torn through), and the small size of the prostate (rendering its discrimination difficult), all constitute peculiarities which are not conspicuous in the adult. In the latter there are room, development, bulk, mass, and a final wall of prostate and bladder, which may be all said to be deficient in the child.

From these data I have long since come to the conclusion, and have long taught in my lectures, that lithotomy in children, whilst comparatively free from danger as regards the final result, is by no means so free from difficulty or the risk of failure. The safety of result has been mistaken for simplicity of execution; but I hope that what I have now stated may be a warning to the young lithotomist. It may naturally be asked how the danger referred to may be avoided. My answer is, that more care than is usually given should be devoted to the operation, and that as the surgeon cuts into the membranous portion of the urethra and neck of the bladder he should never push the point of his forefinger onwards unless he feels certain that he has it between the staff and the wound.

To show that I do not now speak without a fair share of experience, I take the liberty of stating that of one hundred and fifty-nine patients on whom I have performed lithotomy, fifty have been under the age of puberty—that is, under fifteen. Experience, instead of diminishing my anxiety on such occasions, has rather increased it; for as numbers have enlarged, I have been more and more impressed with the views above given. Of the fifty cases I have lost two—one was the third child I operated on, the other was the forty-eighth; so that of the whole number, I cut consecutively forty-four without losing a case, or forty-seven losing only one. Of the two lost, one died on the twelfth day after, from unhealthy inflammation; the other on the second day, from hæmorrhage and shock, the bleeding being probably the principal cause. Six of these were done in private practice, the rest in public—one (a fatal case) in the Royal Infirmary of Edinburgh, the others (forty-three in number) in King's College Hospital. I am not aware of such a list having been published before; and to myself, as I believe to the profession generally, it would be interesting to hear the results of the practice of those who have had greater experience than I pretend to in lithotomy in children.

The operation of lithotrity is now so familiarly known and so established in ordinary surgical practice, that it seems almost rash to venture any remarks upon it, or to affect the smallest originality. It is more than a quarter of a century since I myself ventured to write on a ground which was in a manner new to British surgeons.* The instrument now in common use was then but little known, for the bent double-bladed crusher of Weiss had not then displaced the three-pronged lithontriptic apparatus of Civiale. Like most others in those days, I was not slow to recognise the superiority of the double-bladed curved instrument—devised, I think, by Mr. Hodgson, and made more perfect soon after by Weiss,—whether the crushing force was applied by the screw, or by the hammer force which was then introduced and practised by Heurteloup and strongly advocated by Costello. Besides the common interest in this subject, a little modification in the crushing force—the rack and pinion, which I then proposed—engaged my attention further, and was probably one reason why in early years I had acquired an amount of experience in cases of stone in the bladder which does not fall to the lot of the generality of young surgeons in this country. Having now treated between 250 and 300 cases of the kind by lithotomy or lithotrity, I assume that my personal experience has been considerable, and I therefore venture to offer some remarks on the subject to which this lecture is in part devoted, which may possibly serve to advance and enhance one of the greatest achievements of modern surgery.

In the early history of modern lithotrity the grand object was to file, rasp, saw, or crack a stone into sand or fragments sufficiently small to pass with the ordinary stream of urine through the urethra; and even to the present day such may be said to be the doctrine of surgery. To such extent has this doctrine been carried, that caution has been given against searching the bladder in certain directions for fragments, or attempting their extraction by any other means than by coaxing them into a tube, scoop, or catheter, specially constructed with large eyes for the purpose.

Paralysis of the bladder has been deemed one of the strongest objections to lithotrity, as it has been thought useless to break a stone where there was no power to expel the fragments. My impression is that these views have been held by the majority of surgeons in this country. I confess to have imbibed and acted on them myself; and it is because I think I know better now that I venture to offer the present observations on a subject which many consider to have lost its novelty.

In a large majority of my own early cases, I was content with crushing the stone, and waiting for the gradual and spontaneous egress of the fragments. I did make use of the so-called scoops, the large-eyed catheters (double and single), injections and currents of water, single or continuous; but with results so unsatisfactory that I had no confidence in any way of getting rid of fragments excepting by forcible disintegration and chance. In some cases nature and chance did all that was expected: the fragments came in good time, and the case was complete. In others, however, there seemed no end to the disease, which, in reality, appeared rather increased by the comminution of the stone. In one instance, during the early days of anæsthesia, the patient bore lithotrity as if nothing had been done. Whatever roughness there might have been in the operation, he was, under the influence of ether, unconscious, and he bore his condition afterwards most manfully. His malady, notwithstanding, seemed rather to increase than diminish; and his sufferings at last from the fragments were such that he requested to be relieved by lithotomy. I myself, wearied with the repeated unsatisfactory results, willingly complied. Lithotomy was performed. I extracted ten small stones by one swoop of the forceps. The operation did not last a minute; and I do not think that I ever performed lithotomy with less injury to the structures implicated or with more temporary satisfaction to myself. Yet the patient, a fine healthy man in all other respects, died within a few days.

Although unfortunately experienced in the mysterious way in which patients die after both lithotrity and lithotomy, I was greatly struck by the rapid result in this instance. He had borne with comparative impunity more than the usual amount of irritation and suffering after lithotrity; but he sank under lithotomy, like one with the powers of life already exhausted to the last degree.

This case made a strong impression upon me. I wondered how a man could bear so much from lithotrity and so little comparatively from lithotomy. As he stood the use of the lithotritic apparatus so well, I asked myself how it might have been if I could have removed all the fragments which would

* Edin. Med. and Surg. Journal, 1834.

not come away, and which by their irritation kept upon him all the sad sufferings from stone.

Some years afterwards my attention was further attracted to this subject. I felt dissatisfied with my experience of extracting stone from the female bladder either by cutting or dilating. In July, 1854, a case of stone in the female came under my notice. The patient was three years old, and wishing to avoid dilatation, I used a lithotrite made for the purpose by Weiss, smaller than any which he had yet constructed. With this, and a scoop of the same size, I cleared the bladder in two operations under the influence of chloroform, and the case was rapid and perfect in all respects. I crushed first, and with the scoop extracted the fragments. With this I either extracted a fragment at once and entire, or jammed it so between the blades that I could withdraw the instrument (the blades containing the fragments) readily without serious damage to the urethra.

I was so much pleased with this practice and the instruments that I resolved to try further, on the first opportunity, in the adult. In December of the same year, a gentleman with a moderate-sized stone came under my notice. On the 6th, the stone was crushed under chloroform. On the 13th, several fragments having passed in the interval, crushing those remaining was resorted to. On the 19th a few had passed, but not all that were expected, and in consequence the small scoop was introduced, and the bladder was, after several manipulations, seemingly cleared. The next day the patient was so well that he left town to go a considerable journey. In May, 1858, nearly four years after, this patient came to town with some irritation like his former early symptoms. I examined, and detected stone. Having become in the interval, from further experience, more familiar with the use of the little scoop, I applied it here, and, without much trouble to myself or distress to the patient, extracted three small calculi, each about the size of a flattened pea, such as you see here (Fig. 45). In a few days all irritation had ceased, and thus a cure was effected without even crushing, but simply by extracting. In July, 1859, I removed from the same patient an entire stone, (Fig. 46,) about half an inch in diameter, with the same instrument, and from that time he has remained free from disease.

FIG. 45.

FIG. 46.

Since the above dates I have almost invariably used these instruments in the process of lithotrity in the male. I have generally, as a first step, introduced a lithotrite of considerable size, equal to a No. 10 or 11 bougie, and broken the stone into various fragments. Next, I have taken the smaller lithotrite, above referred to, attacked these fragments, and then have used the small scoop with the object of removing several fragments, so that the patient might have satisfactory evidence that the stone had been crushed. In a few days after the small crusher and scoop have again been used—particularly the scoop, wherewith the fragments which have been found sufficiently small have been extracted singly, or two or three at a time. Thus, instead of waiting for the spontaneous escape of the fragments, a process usually both uncertain and tardy, the stone has been got rid of by direct and precise surgical interference.

If this practice be judiciously carried out, it will, under ordinary circumstances, prove an immense advantage; and in many instances a stone may be removed with a rapidity little short of the time needful for lithotomy, with the advantage that the patient need not be confined to his bed for a single day.

My chief object in this portion of my lecture is to draw attention to this subject. It is comparatively little known; and, moreover, a very general impression prevails that it is incorrect to extract fragments. The various instruments and mechanical devices which have been from time to time recommended or used for this purpose, or to facilitate their escape, have generally proved of so little service that they have been in a manner overlooked or laid aside by the practical lithotritist. It has even been taught that no attempt should be made to extract fragments; and, as I have already stated, so strong is the feeling in this respect, when stone in the bladder is conjoined with paralysis of that organ, that the operation of lithotrity is considered highly objectionable, if not impracticable, because there is no likelihood of the fragments passing away, excepting through a large-eyed catheter or scoop made specially for the case.

With the instruments which it is my object to recommend, the process of lithotrity, and I believe the distress of the patient both bodily and mental, may be considerably abbreviated; and instead of paralysis being objectionable, it is perhaps the condition most favourable to the operation, as it generally happens that with paralysis there is a callousness of the mucous membrane of the bladder which permits a freer use of the blades than under ordinary conditions.

In early days a large instrument was thought essential for the due performance of lithotrity. The risk of bending or breaking was deemed considerable and serious, and on these grounds the largest instrument which the urethra would admit was selected for use. If a catheter or so called scoop was used afterwards, its magnitude was thought of equal importance; and to give every advantage in this respect, it was recommended that the urethra should be dilated, and, if needful, the orifice in the glans enlarged by incision, prior to the use of lithotritic instruments.

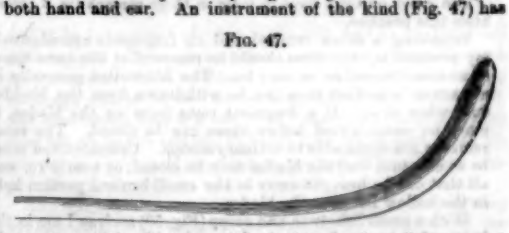
As to the advantage of a larger urethra there can be no doubt; but I believe that large instruments are by no means so essential. Indeed I feel assured that comparatively small-sized ones are an advantage, and in certain stages of the treatment I believe them of great value.

The modern lithotrite, particularly of the best English makers, is a very superior instrument to those in former use; and less force is required to break an ordinary stone than was imagined. We seldom hear of an instrument of the kind either bending or breaking; and in the course of time I have come to the conclusion that one of small diameter permits of more ready manipulation than where the size is such as to fill, and be in a manner grasped by, the urethra. Hence, then, I have for many years employed lithotrites of smaller diameter than those in common use. An objection to small sizes has been made, because when the bladder is irritated to spasm the water escapes, whereas it would not if the urethra were filled (plugged) by a large instrument; but the escape can readily be prevented, if desirable, by grasping with the fingers and thumb. Even in regard to the quantity of water required in the bladder during the operation, I believe that there is no such necessity for a large amount as some have imagined. When the organ is distended with eight, ten, or twelve ounces, the stone is usually more difficult to be caught than when the quantity is smaller. The slightest touch causes it to move where there is a large amount of fluid, and fragments are certainly much more difficult to be detected and seized. No doubt it is unwise, even dangerous, to open the blades of a lithotrite freely in an empty bladder, or one with very little water in it; but I have long been convinced that there is no need for the presence of so much fluid as some have thought.

The chief objections that I myself have found to very small-sized lithotrites or scoops are, the comparative difficulty of passing them into the bladder, and, especially, the comparative difficulty of sounding for fragments. In the finer manipulations of the sort it is hard to say whether the sense of touch or of hearing is of the greatest value. I am almost inclined to give the ear the preference; but even with this it is of the greatest consequence that the utmost facility of movement should be permitted, and hence I am averse to the use of the sounding-board, as recommended by Mr. Brooke and others, as also to the use of instruments which fill up the urethra to such an extent as to prevent the free movement of the point of the instrument within the bladder.

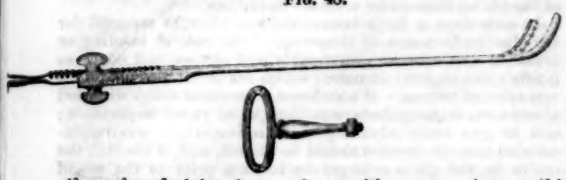
I was so early impressed with the necessity of having a narrow shank for a sound, so that every facility should be given to movement, that I had Heurteloup's sound, as it is called, modified accordingly. The shank was made of smaller diameter by several sizes than the curved end, and thus the latter was a sort of lob, which could be turned about readily in all directions, while its comparatively large size gave more certainty to both hand and ear. An instrument of the kind (Fig. 47) has been depicted in the later editions of my work on Surgery, and is now in considerable general use. A sound of this sort is of far greater value than one with a thick stem or with a slender stem and equally slender point; and, in accordance with my views on these matters, Mr. Matthews has lately constructed, on his own device, a lithotrite with a narrow stem and lob-

FIG. 47.



point, which, in my opinion, goes far to facilitate the effective use of the lithotrite in ordinary cases of stone. This figure (Fig. 48) gives a representation of it. The force is applied by

FIG. 48.



the rack and pinion, in accordance with my own views on this subject, but of course the same shape will answer for the various ways in which the screw force has been so admirably applied in modern times by Messrs. Weiss and Mr. Coxeter. The figure shows the blades open, but when closed there is a lob-end, like that of the sound in Fig. 47. The narrow shank permits free movement both in the urethra and bladder, and the increased bulk at the end intended to touch the stone, gives development to both touch and sound.

But these instruments (Figs. 49 and 50) are those to which I am most desirous of drawing attention. Fig. 49 shows the

FIG. 49.

diameter of a lithotrite which I often use in dealing with fragments, and Fig. 50 shows a scoop of still smaller diameter. The small size must appear remarkable even to those familiar with the lithotrites and scoops hitherto known. I am not aware that any so small as Fig. 50 has ever before been made. Mr. Matthews, the instrument maker, informs me that there were none in the recent International Exhibition, and certainly none came under my own observation.

I have instruments of the kind in my possession varying in size from No. 3 to No. 6 bougie or catheter sizes, and with them I am in the habit, as I imagine, of diminishing the period usually devoted to the completion of lithotrity.

Generally when a stone is crushed the fragments are left to chance. So-called scoops and big-sized catheters have been introduced, and by the natural stream, or the force induced by injections, the fragments have been extracted, and have occasionally appeared in quicker time than if left solely to chance; but in the majority of instances the surgeon and patient have waited for the chance escape of the fragments without instrumental aid.

At this date, there is ample experience to show that after a stone is crushed by one or repeated sittings, the fragments do come away, and a perfect cure is the result. But in many instances the last fragment is tardily discharged, and many weeks or many months elapse ere the cure is complete.

It may be justly said of successful lithotrity that neither weeks nor months are long in comparison with the advantages gained; but, for the credit of surgery, it may be claimed as an advantage to do that in a few minutes which nature might take weeks or months to accomplish.

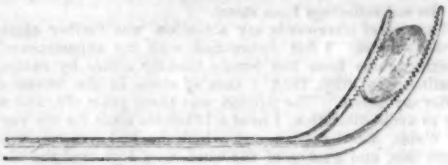
The chief object I have in view in these remarks is to establish this practice.

Supposing a stone crushed and its fragments comminuted, my proposal is, that these should be removed at the same time, or as soon thereafter as may be. The lithotrites generally in use are so large that they can be withdrawn from the bladder only when shut. If a fragment rests between the blades, it must be comminuted before these can be closed. The same remarks are applicable to ordinary scoops. Comminution must be so effectual that the blades may be closed, or nearly so, and all that can be brought away is the small bruised portion held in the hollow between the blades.

With a small lithotrite and scoop (Fig. 50) such as I am in the habit of using, a fragment of considerable size may remain betwixt the blades, and yet the united size or diameter may readily pass or be drawn along the urethra.

In the last sixty cases I have adopted this practice generally, and, with few exceptions, have had every reason to be satisfied. Occasionally, when over-anxious for a rapid cure, I have ex-

FIG. 50.



tracted fragments rather too large to come readily along the urethra, particularly in the prostatic or membranous portion, or at the triangular ligament. In some, when the urethra nearest the neck of the bladder has been rather roughly used, there has been considerable irritation; in others, even under such circumstances, there has been no irritation whatever; and in many instances I have been able to effect in one or two operations within ten days what, according to custom, would take weeks, or possibly months. I have done, in fact, by a precise surgical manipulation, that which according to ordinary rule is left entirely to chance. Experience has taught me that it is almost hopeless to trust to chance in all such cases; that in many instances the fragments may be weeks, or months, in coming away, even with attempts to coax them through catheters with large eyes and other instruments devised for the purpose. Here are the fragments of stone crushed in a man whose bladder acted regularly, yet only a few of these passed spontaneously; all the rest were removed by the scoop in question in three or four operations. From first to last there was not a single bad or even troublesome symptom. The patient was detained scarcely an hour in bed beyond his regular period of rest. I never saw one suffer less distress; yet, before he came under my notice, he had been strongly urged by an eminent surgeon to submit to lithotomy.

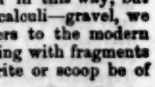
It is considered an extreme misfortune for a patient to have stone in the bladder and paralysis of that organ at the same time; and it has been well-nigh a rule in surgery that lithotrity is scarcely eligible in such cases, on the ground that the fragments are not likely to be expelled or carried off by the stream of urine through the urethra or a catheter. Of course I am aware that there have been successful cases of the kind; but the success has been more from lucky chance than from skilful surgical interference. And my object in these remarks is to claim for surgery a direct, special, and precise mechanical movement whereby that which has heretofore been left to chance is converted into a certainty. Here are the fragments of a large stone from the bladder of a patient who could not pass a drop of water without the aid of a catheter. All of them, with a few minor exceptions, were extracted with a small scoop. Here are the fragments—from a similar case, where, however, the urethra was unusually large—which were all extracted by a small scoop by my friend, Mr. Henry Smith. The largest of these fragments (Fig. 51) is about three-quarters of an inch long by about half an inch wide, and it was extracted without any laceration or marked distension of the urethra; yet through the neck of the bladder, or a urethra of this size, even the urine would not flow.

FIG. 51.

The mechanical development, if I may so call it, of stone shows the uncertainty of its spontaneous expulsion from the bladder. Most calculi have each a nucleus far smaller than the diameter of the urethra, but how few such nuclei pass? At all events, stones larger than the diameter of the urethra—nearly all the instances in which lithotomy and lithotrity have been performed—are examples where small round bodies (the nuclei) have not passed away spontaneously.

Now, I claim for surgery the power of taking away such bodies. I do not profess originality in this respect, for we all know what was done by Sir Astley Cooper in this way, but the instrument he used in removing small calculi—gravel, we might say—is of inferior mechanical powers to the modern lithotrite. It would be of little use in dealing with fragments in lithotrity; nor would the ordinary lithotrite or scoop be of much use in what I now speak about. These specimens (Fig. 52) represent four out of eight-and-twenty removed by one of the scoops referred to.

FIG. 52.



The small instruments which I now show are essential to the practice which I advocate, and with these I maintain (as I have amply tested in numerous cases) that lithotrity can be abbreviated and brought to a certainty such as has not been claimed for it hitherto.

Clinical Lectures
ON SOME
DISEASES OF WOMEN REMEDIABLE BY OPERATION.

BY I. BAKER BROWN, ESQ., F.R.C.S.

UTERINE HÆMORRHAGE.

GENTLEMEN,—The subject to-day is one the importance of which cannot well be exaggerated. Hæmorrhage in the puerperal state is not included within the limits of these lectures. I have to deal with those forms of bleeding which are dependent upon some abnormal condition of the womb, and which are disconnected with gestation or parturition. Your attention will be directed chiefly to hæmorrhage arising from polypus of the womb, fibrous tumours, vascular growths, and ovarian irritation. The vascular growths to which I refer have been termed by Prof. Simpson "uterine hæmorrhoids." I object to this designation. The growths have not the character of hæmorrhoids; they are truly vascular.

A polypus may exist at the mouth of the uterus, in the cervix, or within the body. In construction it may be either vascular or fibrous. It may be so diminutive in size that the points of a pair of forceps will not hold it, or if sought by the finger, it is scarcely to be discovered by touch. It may be so small, indeed, that it would seem almost impossible that a structural change so slight in appearance should give rise to formidable bleeding. But it is a fact that these diminutive polypi serve to keep the lining membrane of the uterus in a constant state of irritation, liable at any moment to give rise to hæmorrhage. These very small bodies can often be scooped away, when they cannot be laid hold of and ligatured. An ordinary scraper something like that which Prof. Simpson uses, or a long nail fastened to the finger, giving it a couple of inches or so more length, according to Sir Charles Locock's ingenious suggestion, may be had recourse to. The polypus is readily detached, and the moment it is separated hæmorrhage ceases. The polypus may be of a larger kind; and I may here remark that the true distinction between a polypus and a fibrous tumour consists in this, that a polypus has a neck to it and a fibrous tumour has not. The true polypus of the womb is a fibroid growth, precisely of the same structure pathologically as the fibrous tumour. A polypus is much more easily removed than a fibrous tumour on account of its pedicle. A polypus is generally removed by the scissors or knife, by ligature, or by pulling down the growth and twisting it off. Some advocate twisting, some tying, and some cutting. Sir Charles Locock tells me that throughout a long practice he has never seen any hæmorrhage arise from cutting with scissors; still it is a fact that cases are on record where dangerous hæmorrhage has followed removal of a polypus by the scissors. The moment a polypus is removed the uterus contracts; and if hæmorrhage take place from the cut pedicle, serious consequences may result from the effused blood being retained in the womb. Again, if the polypus be ligatured, and allowed either to remain in the uterus or to hang out of its mouth, a series of the gravest consequences are apt to occur. The polypus quickly dies and breaks up, giving rise to a peculiarly offensive discharge, which sickens both patient and attendants, and renders the room where the patient lies unbearable. In cases under my care in St. Mary's Hospital where I removed the polypus by ligature, twice I was obliged, from the poisoned atmosphere of the ward, to cease operations there. In one instance two of the house-surgeons became seriously ill from the stench. I therefore adopted, in place of the ligature alone, the following plan, which may be recommended to the timid surgeon, who fears to use the scissors or knife simply. I tie the polypus, either with the fingers or a Gooch's canula, as high up as possible. Then I cut off the growth anterior to the ligature. By this plan the stump alone is left to slough away. The use of the écraseur is advocated by some surgeons in these cases. Much as I value the écraseur, I do not think it suited polypoid growths of the womb. The operation with this instrument is long and tedious, and offers no advantages which outweigh the brevity and simplicity of removal with the scissors or knife, or the combination of ligature and knife or scissors, as I have suggested. I must omit details of cases of polypus lest these remarks should extend beyond reasonable limits.

I would now direct your attention to fibrous tumour—a most frequent source of uterine hæmorrhage.

I shall confine my observations to the treatment of these morbid growths by breaking up their structure. This operation is performed by first dividing the mouth and neck of the uterus up to the inner mouth by the hysterotome; and then, when the cut surfaces have healed, gouging the tumour so as to break the capsule. After I had performed this operation in several cases, I noticed that hæmorrhage invariably ceased after the incision of the mouth and neck of the uterus. It occurred to me that there must be something more in this sequence than immediately met the eye. I instituted a series of experiments upon the influence of incision of the os and cervix uteri in checking uterine hæmorrhage, and discovered that by means of this operation the bleeding occasioned by fibrous growths in the womb could be readily and effectively checked. About the same time M. Nélaton, of Paris, and Dr. M'Clintock, of Dublin, each independently of the other and myself, made the same discovery.

I adopt the following practice in incising the mouth and neck of the uterus:—I press the perineum down with the bent speculum, which I term Bozeman's (although Dr. Marion Sims objects to the instrument being so designated). Then I seize the superior lip of the os uteri, and hold it firm, an assistant steadying the speculum. In this way I obtain a perfect view of the os and cervix. Having determined to what extent I will incise, I introduce Simpson's hysterotome within the os and cervix, and cut freely first on one side then on the other. If the uterus be not steadied by the forceps, it will recede before the hysterotome, and it will be difficult to make the incisions of the requisite depth and with sufficient freedom. Having made incisions from the outer to the inner os, including the whole length of the cervix, I next plug the cervix and the vagina most thoroughly and firmly with lint soaked in sweet oil, fixing the whole with cotton-wool, so that hæmorrhage is prevented and air entirely excluded from the cut surfaces and the uterus. Upon the care with which the plugging is effected will depend the subsequent favourable progress of the case. In the last case of uterine hæmorrhage treated in the Surgical Home by incision, the vagina was very large, and, as it were, ponched. I did not plug it sufficiently with lint or cotton-wool, and, for the first time in this institution, severe hæmorrhage occurred, and subsequently pelvic abscess. This is a lesson not to be lightly forgotten. The impunity with which I incise the os and cervix uteri so frequently as I do, arises from the fact that I am extremely careful to plug well afterwards.

(To be continued.)

ON TRACHEAL DYSPHAGIA.

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THERE are no cases in which sharp and precise diagnosis is more important than where the *primâ facie* impression is the wrong one. There are some symptoms that seem so certainly to point in one direction and so really point in another, that it would seem almost impossible to read them aright at first sight. Such cases are a sort of pit-falls into which the unwary are sure to tumble; they are the *pontes asinorum* of clinical medicine; and to be forewarned of them is the only way to be forearmed against them. The cases to which I now wish to direct attention are cases of this kind—nothing wonderful about them, nothing striking; but, as far as I know, unrecognised and undescribed, and interesting from this one point: that their essential nature does not lie on the surface, and that that which does lie on the surface is a symptom very apt to mislead, if not by the *suppressio veri*, at any rate by the *suggestio falsi*.

The attractiveness and interest of symptoms depend on very various and very different considerations. Some claim our attention from their physiological instructiveness, some from their diagnostic value, some from their rarity, and some from their very obscurity; but there is no circumstance that lends a symptom more interest, or by which it more challenges our attention, than the gravity of its pathological indications. This is

the circumstance that constitutes the great interest of the symptom which is the subject of the present paper—dysphagia; it is this which renders us so alert and eager to ascertain its cause whenever we detect its existence, that makes the importance we attach to it so different from that which our patient does, and that enables us to see in a hardly regarded inconvenience nothing less than the patient's death warrant.

The meaning of dysphagia is simply "difficulty of swallowing." But there are two kinds of dysphagia—one, in which there is some embarrassment or obstruction in the act; and the other, in which swallowing is *painful*, and only difficult *because* painful: remove the pain, and there is nothing left. We have just the same two forms of *dyspnœa*, of *dyspepsia*, of *dysuria*, and of all the other *dyses*. The form of dysphagia to which I wish to direct your attention is the latter variety—it *hurts* the patient to swallow, and nothing more.

In any case of painful swallowing we should naturally look, in search of the cause, to the parts primarily concerned—the organs of deglutition; and there, in nineteen cases out of twenty, we should find it; and, what is more, in nineteen cases out of twenty we should find it in a particular part of those organs—the fauces. But dysphagia may have several seats; it may be faucial, pharyngeal, or œsophageal. Faucial dysphagia is the commonest thing in the world, comparatively trivial, and symptomatic of conditions whose prognosis is not necessarily at all serious: the painful swallowing of quinsy, of common sore-throat, of scarlatina, is faucial. It is to true œsophageal dysphagia, and to that alone, that my observations with regard to the gravity of the symptom apply.

The two diseases to which œsophageal dysphagia principally points are, aneurism of the aorta and malignant or other organic stricture of the gullet; and it is because it points to these two mortal diseases that it becomes so momentous a symptom. But the dysphagia to which I wish to direct attention in the present paper is *not* œsophageal dysphagia: it is so *apparently*, but not *really*; and it is because it simulates this, the gravest form of dysphagia, and yet is entirely free from any of the gravity and seriousness of that affection, that the detection of its true nature becomes so interesting and important.

The following case—that of a medical man, expressed in his his own words—is that which first directed my attention to this subject, and showed me the real nature of tracheal dysphagia. It is an example of what one often sees—the advantage which is derived from doctors being themselves the subjects of the symptoms they are studying.

CASE 1.—A. B——, aged forty, enjoys very good health, except that he is liable to take cold, which is very apt to affect his chest, giving him sternal soreness, accompanied with cough and expectoration, for three or four mornings. His first attack of the dysphagia was many years ago, and he has had many of them since. He first noticed it in the night, as he almost always has; the attacks are all alike, differing only a little in severity. He thus describes one of them:—

"I go to bed with the feeling that I have taken a cold. I have been sneezing, perhaps, and shivering, and have a certain amount of feverishness, and it may be, a little sore-throat; perhaps I feel a little of what is called a sore chest—a rawness at the top of my sternum, passing back to between the shoulders, so much so sometimes that I have had a mustard plaster on my chest for it. I go to bed, and to sleep; but in the night I wake with a sense of severe and horrible pain beneath the upper part of the breast-bone. The moment after I wake I find it subside, at least in a great degree; but on the first occasion on which I swallow my saliva after waking (a thing one is constantly doing), I again experience it, and I have no doubt it is the pain occasioned by an act of swallowing during sleep that in these attacks wakes me up. The pain is something horrible; it is of the same kind as that ploughing up of the chest experienced with a very sore chest each time one coughs, only worse. It is as if a dozen lancets were plunged into the top of the sternum each time an act of swallowing is made. The pain coincides with the muscular act of deglutition, and in no way succeeds it; the moment the voluntary part of the act is over the height of the pain subsides, and nothing but the abiding sense of soreness remains. I early discovered, whether accidentally or by an instinctive perception I cannot tell, that the position of the head made a great difference—all the difference—to the pain; that if the head was thrown back, and, therefore, the chin raised, the pain on swallowing was the greatest, much greater than when the head was in the ordinary position; that in proportion as the head was bent forward the pain on swallowing was diminished, and that if the chin was quite bent down on the breast absolutely no increase of pain might be felt on swallowing, at a time when swallowing with the chin raised gave intolerable suffering. The height of the attack only lasts a few hours; in the course of the morning it gradually becomes much mitigated, but I still take the precaution of depressing my chin on my breast each time I swallow. In two or three days all pain on swallowing has ceased, and the abiding soreness at the top of the sternum has also nearly disappeared. I may mention that the disappearance of the pain on swallowing coincides with the diminution of the sternal soreness and with the appearance of expectoration; the moment I can cough up a pellet or two of mucus the swallowing is easier. I may also mention that on one occasion when I was suffering from these symptoms, a pellet of gelatinous mucus that I coughed up had a spot of blood upon it. I have observed that when I am suffering from this painful swallowing I have a certain amount of the same pain on taking a very deep inspiration, the severity of the pain being proportionate to the depth of the inspiratory act."

Before making any remarks on this case let me relate the following:—

CASE 2.—Josiah N——, aged forty-two, a healthy-looking man, who had always had good health, experienced on Thursday and Friday, the 8th and 9th of May, the ordinary symptoms of a cold—a sense of chilliness and inability to get warm, slight headache, cough, and hoarseness. On Saturday, the 10th, about two o'clock, when attempting to eat a biscuit and drink some beer, he found he could swallow neither the one nor the other on account of severe pain beneath the top of the sternum: it seemed as if, the moment after the food was swallowed from the mouth, it passed some tender spot, like a boil, in the situation indicated. The pain was so severe that only a very little of the beer could be got down, and of the biscuit none at all; the severe pain seemed to make the passage absolutely impossible. Besides this, there was a slighter pain, in the same situation, on attempting to swallow the saliva; *but this pain was felt, not immediately after, but at the very time of making the swallowing effort.* The only other pain that he noticed was slight sternal soreness when he coughed, and a sense of tightness across his chest. In the morning of Saturday he had been able to swallow perfectly well.

On the following Monday (May 12th) he came to me among the out-patients at Charing-cross Hospital, to be relieved of this inability to swallow. He stated that since the Saturday when he first found that he could not swallow he had taken nothing but a teaspoonful of sop, and made an attempt to suck the inside of a boiled cabbage, none of which, however, could he get down; he may be said, therefore, to have taken nothing during the forty-eight hours previous to my seeing him. The only thing that I noticed besides in the man was hoarseness of voice. On carefully auscultating and otherwise examining the upper sternal and contiguous regions, nothing could be found, aneurismal or otherwise, to explain the dysphagia. Suspecting the true cause of the symptoms, I made the man swallow his saliva with his head thrown forwards and his chin buried on his sternum, and he immediately discovered, as I expected, that that gave him hardly any pain. I am bound to admit that, contrary to my expectation and to what I have found in other cases, the man declared that when I made him throw his head *back* and chin up, and then swallow, he also felt less pain than when he swallowed in the natural position. When the stethoscope was slightly pressed above the sternum, at the supra-sternal fossa, the man cried out, and said, "You are pressing just on the place." In fact, he could bear no pressure there. The stethoscope, applied in this region, elicited no unnatural sound.

I ordered a blister to be applied over the windpipe, warm coverings &c., the mouth to be kept shut (in order that all breathing might be through the nose), no speech nor cough if possible, and chloric ether and compound tincture of camphor.

May 14th.—Much better; the pain greatly relieved; it seems less circumscribed and severe at the original situation, and to be more diffused, and to have extended lower down. Instead of being "as tender as a boil, and as if caused by a sore place about the size of a walnut at the top of the breast-bone," it seems to have spread down beneath the entire sternum to the pit of the stomach. Over this region he has a constant sense of slight soreness, increased by swallowing and by coughing. He has still taken nothing but a little tea, and is therefore very weak. The blister has risen well.

19th.—Nearly well; can swallow anything. The principal suffering now seems to be from lumbago; last night and the night before he could scarcely move for it. This is probably a part of the same cold.

CASE 3.—Alfred I——, aged twenty-eight, by occupation a railway porter. He always had good health up to the age of

eighteen, when he was apprenticed at a dyer's, and was there frequently affected with "heats and colds," and was laid up for three months with rheumatic fever. Shortly before he left the dyer's he suffered from an attack of difficulty of swallowing, similar to his present one, only more severe: every time he swallowed, it felt, as the bolus of food was passing the painful part, "as if it was a round ball covered with thorns." The seat of the pain was underneath the lower end of the breast-bone, "as near the breast-bone as could be, and passed back right betwixt the shoulder-blades." He felt it each mouthful he swallowed, whether liquid or solid. Even if he swallowed his saliva only it hurt him, and obliged him to strain to get it to pass; it also hurt him to take a deep breath. At the same time he had a violent cough, soreness of the chest, and expectoration; the coughing being attended with pain and scraping at the bottom of the sternum and between the shoulders—in the same situation, in fact, as the pain from the swallowing. Every time he coughed it seemed as if there was something in that situation "raking up and down." On several occasions he spat up bright-red blood, as a little speck in a particle of phlegm. This symptom lasted six months, and the suffering from swallowing was so great that he only ate one meal a day, and that not more than half a penny bun; and every particle of food he ate he had soaked. His voice at the same time was hoarse, and for three weeks he nearly lost it. The cough continued the whole time of the dysphagia. In consequence of the semi-starved state in which he lived he became so weak that he could hardly move about, and extremely emaciated. After he had been in this state three months, his medical attendant told him that he was in the last stage of consumption, and that he had but about three weeks to live, and advised him to make what provision he could for his family. This alarming the man, and clashing with his own opinion of his case, he determined to go into the Leeds Infirmary, where he was under the care of Dr. Wilson. He attended at the infirmary about three months, and then the symptoms gradually left him. From that time up to six weeks ago he had never had a return of the symptoms; but whenever he has had a cold it has fallen on his chest, though not so severely as on other occasions—the cough has not scraped his chest so.

Six weeks ago he again for the first time experienced a return of the old symptom of pain on swallowing. He had caught a cold, and had a sore chest, but had no cough till about a fortnight afterwards; he has coughed for the last month, but not expectorated; has spat no blood; and the cough is not so explosive, and does not rasp and tear the chest up so much. The pain on swallowing came on very gradually, and has only been as bad as it is now for a fortnight; and even now, bad as it is, it is not so bad as it was on the first occasion. He describes it now as a feeling as if each mouthful he swallowed stopped beneath the sternum, and lodged there till he swallowed another mouthful, and that pushed it on. This feeling of lodgment and difficult passage is accompanied with severe pain, as if the food were a hard lump passing over a narrow sore surface. The pain is so great that it quite convulses him. In order to form a correct idea of it, I gave him a piece of crumb of bread to swallow, and watched the process. He was quite easy as long as he was chewing it, but the moment he tried to swallow it his difficulties began: the effort was evidently attended with the most severe pain; the expression of his face and the contortions of his body indicated great suffering, and it was only after two or three efforts that the food apparently passed. I ordered him to apply a blister over the sternum at a part corresponding to the seat of the pain; to take the same precautions with regard to the air he breathed, speech, &c., as in the other cases; and to take opium, chloric ether, and ipecacuanha.

Oct. 17th.—The blister has risen very well. The difficulty of swallowing is much relieved, the pain not above half what it was before, the cough looser, and the expectoration freer and no blood with it. I have just given the man a piece of bread to swallow, and I should hardly have noticed from his appearance that it gave him any pain at all.

Nov. 2nd.—All pain and difficulty of swallowing is now gone; it gradually disappeared. The man is perfectly well.

(To be concluded.)

BOMBAY SANITARY COMMISSION.—A Sanitary Commission has been appointed for the Bombay Presidency. It is presided over by Dr. Leith, with Dr. Beatty as Secretary, these two officers being relieved from other duty. The other members are Major Martin of the 4th, and Captain Close. The duties of the Commission are not defined, but they are evidently of a general and not local character.

ON THE COMPARATIVE VALUE OF SULPHURIC ETHER AND AMMONIA AND CHLORIC ETHER AND AMMONIA AS ANTISPASMODICS IN TYPHOID FEVER.

SPRING BEDS V. WATER AND AIR BEDS.

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To record, by any given treatment, a single case of fever would scarcely merit a space in a medical journal; but when an opportunity offers itself for testing the therapeutic value of two remedial agents, such as sulphuric ether, and chloric ether or spirit of chloroform, the medicinal properties of which are so nearly allied to each other, the result may be worthy of attention.

A gentleman about twenty years of age contracted typhoid fever, which on or about the fourteenth day presented very unfavourable symptoms, and I was requested to meet in consultation the gentleman who was in attendance. I found the lips, teeth, and tongue thickly incrusted with black sordes; pulse 120; skin hot and dry; rose spots over the chest, &c.; great intolerance of sound; delirium, but partial sensibility at times, though he was unable to articulate distinctly. No tenderness was evinced on pressure being made over the right iliac fossa or other parts of the abdomen. The motion which had passed the previous night presented a reddish colour, and was somewhat indurated; and the urine gave a lateritious deposit on standing. Being informed that wine had caused very great excitement, and observing a tendency to subsultus tendinum, we agreed to give chloric ether in combination with carbonate of ammonia.

Towards evening the unfavourable symptoms were more pronounced, and I was again requested to see the patient; but my colleague in the case could not make it convenient to attend. Wishing to know the effect produced by the mixture ordered in the morning, I administered a dose of it myself; and, finding no mitigation of the symptoms, resolved to try the effect of wine, which, though cautiously administered, produced so much excitement that it could not be continued with safety. I then gave ammonia and chloroform, omitting the spirit contained in the so-called chloric ether, but without effect; and the tetanic spasms had reached their acme. Involuntary evacuations took place, and the pulse was too rapid to be counted; there was total insensibility to those around him; violent convulsive movements, especially of the right arm, which was contracted upon the chest, and one leg was similarly affected; while the jaws were spasmodically closed. I then ordered a mixture of sulphuric ether and carbonate of ammonia, in the same proportion as the chloric ether and ammonia; and the moment the muscles of the jaw had relaxed sufficiently to admit a teaspoon, the mixture was administered in divided doses, and immediate effect was produced, as shown by the general tranquillity throughout the system. The convulsive movements returned, however, at short intervals; and some time was lost by the locking of the teeth, but this was ultimately overcome by passing a bottle containing chloroform under the nose of the patient, and when the spasm relaxed the mixture was introduced, care being taken not to overstimulate. Cold applications to the shaved head served to regulate the stimulating effects of the medicine; while ice, beef-tea, and beef-essence, were given between each dose of the medicine.

In such a case it was necessary to stand by the bedside during the night, and to administer the remedies chiefly with my own hands; but early in the morning I had the satisfaction of seeing the patient tranquil.

Not being convinced that so great a difference could exist between sulphuric ether and chloric ether or chloroform in arresting tetanic convulsions, I made one or two more trials of the chloric ether and ammonia, but no effect was produced by it.

It may be requisite to state that I found the addition of ipecacuanha wine, in the dose of three to five drops, materially assist in removing the sordes and promoting perspiration. We cannot, I believe, assign any chemical action to ammonia, sul-

phuric ether, and ipecacuanha, in removing the morbid matter of typhoid from the blood; the action must therefore be physiological. I have on a former occasion pointed out the value of ipecacuanha as a febrifuge in combination with the mixed nitric and nitrous acids in typhoid, but the action of these acids is chemical as well as physiological; they cannot, however, be given when subsultus tendinum or tetanic spasms are present.

It is necessary perhaps to mention that the patient showed the first signs of sensibility by calling for water, which the nurse gave him in considerable quantity; and when I entered the room, after being absent for a few hours, he craved for more water, though unable to swallow it when put to his mouth. I at last satisfied his demand by adding a little ipecacuanha wine to a glass of water, and one tablespoonful of it sufficed to appease thirst.

Recovery progressed as rapidly as nature could allow, and the contracted arm and leg were restored by embrocations, sponging, &c. I attribute, however, the more speedy recovery of the patient to the spring bed which I recommended to be adopted in order to prevent bed-sores, and to allow the free escape of perspiration, which cannot take place so readily in ordinary beds, and much less when water or air beds are used.

I may perhaps be permitted here to state that I recommended a gentleman who was paralysed in both upper and lower extremities to abandon his water bed, and to substitute a spring bed and a white wool mattress for it; and although he was confined to the latter for several months, no bed-sores were developed, notwithstanding they began to appear prior to his taking to the water bed. I am of opinion that the spring bed and wool mattress materially assisted in restoring the use of his limbs to the extent which he enjoys; and if more attention were paid to the free evaporation of perspiration, instead of allowing it to be pent up and reabsorbed, recovery in many cases would be expedited.

I have known cases of rheumatism, bronchitis, pneumonia, &c., to have been produced by sleeping upon beds placed on the floor or boards. The bed thus placed soon becomes damp, owing to the perspiration not being able to escape; but the danger is not suspected. Not only are adults exposed to the risk in question, but children especially. We sometimes see, for instance, a child's bed made upon a trunk, or in a sort of wooden box, or a piece of india-rubber cloth is placed upon the bed for the purpose of cleanliness, all of which conveniences are more or less impervious to moisture; and we have yet to learn whether heart-disease is not sometimes traceable to this cause. My upholsterer informs me that a fine cocoa-nut fibre mattress is far better than a horse-hair one for children to sleep on, owing to the former not being liable to contract mildew like the latter, and it may be soon dried by exposure to the air, as the water runs through it like a sieve.

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Provincial Hospital Reports.

NORFOLK AND NORWICH HOSPITAL.

OVARIAN DROPSY, IN WHICH OVARIOTOMY WAS COMMENCED, BUT ABANDONED IN CONSEQUENCE OF ADHESIONS; DEATH.

(*Reported by* CHARLES WILLIAMS, Esq.)

CASE 1.—This patient was an unmarried woman, aged forty-six years. The disease in question was the only one which she had ever suffered; and this had been in progress for nearly seventeen years. The abdomen enlarged so slowly that she was tapped for the first time just seven weeks before she came to the hospital; but she was at that time of prodigious size. Mr. Hastings, of Dereham, performed the operation, and removed seventy-two pints of dark, thick fluid. The cyst quickly refilled; and in about ten weeks Mr. Cadge tapped it, and fifty pints of brown, thick liquid escaped, but not readily. The canula became blocked, whether by secondary cysts or by the walls of the larger one falling over the end of the instrument, could not be made out; flexible catheters were passed, and a good deal of manipulation was required to remove the fluid, and even then the abdomen was not fully emptied. In another month the abdomen was again distended. The patient was in fair health, though somewhat weakened by the repeated tappings, yet in a proper condition, according to the opinion of all who saw her, to undergo an operation, the more especially as the frequency of paracentesis would necessarily increase, so that no other resource but the thorough removal of the disease could prolong life.

On April 25th, 1862, an incision, four inches in length, was made below the umbilicus, through the abdominal wall. The cyst was found to be adherent at all parts. Many of the adhesions could be broken down, but towards the sternum and liver they could not be separated without using undue force. The sac was now tapped, and a quantity of fetid pus escaped. It soon ceased to flow, and the cyst was again tapped at the upper part of the wound. More fluid drained away, but there was no disposition on the part of the cyst to come through the incision. At this stage of the proceeding it became a question as to whether the abdomen should be laid open as far as the sternum, or the operation desisted from altogether. The latter alternative prevailed with Mr. Cadge, who feared the result of allowing the fetid pus to enter the cavity of the peritoneum—a circumstance which must have happened if the operation had been proceeded with. A firm ligature was, therefore, placed over the aperture of the cyst, and left hanging out of the external wound, the margins of which were brought together with deep metal sutures. Constant vomiting succeeded the operation, and was relieved by iced brandy-and-water. It ceased in twenty-four hours; and her pulse then continued about 90, and she was fairly comfortable.

On the second day the cyst began to discharge. A large quantity of very offensive pus was discharged daily, and the abdomen was thereby kept flaccid, and without pain and distension. Portions of yellow tubercular-looking matter escaped occasionally. Her strength was maintained to the utmost by free diet and stimulants. The wound healed in the centre, but continued open at the upper and lower ends. For two or three weeks the patient continued in this quiet state, weakened considerably by the great discharge, but still in fair condition. The cyst seemed to be shrivelled, and there were indications of sloughing of the lining membrane. The central part of the external wound, which had healed, was opened up, and a large membranous slough easily removed. For five or six days other portions of slough came away; after which the cavity appeared clean, and fresh healthy granulations were seen at all parts. There was still not less than half a pint of pus discharged daily, and her strength scarcely maintained itself.

May 29th.—To-day, nearly five weeks after the operation, a sudden collapse came on; the pulse failed, and she died the following morning.

Post-mortem examination.—The cyst was found shrivelled to about the size of a cocoa-nut. Its walls were thick, and inseparably adherent to the omentum above, but not to the intestines generally. The interior of the cyst was dark-coloured, and covered with flaky slough; the pedicle was made up of the whole of the right broad ligament, and was very short. General peritonitis was present, and in the pelvis two or three pints of purulent serum had collected. In the walls of the uterus there existed a fibrous tumour the size of a fist.

CYSTIC DISEASE OF THE PERITONEUM MISTAKEN FOR OVARIAN; OVARIOTOMY COMMENCED, BUT ABANDONED; DEATH.

CASE 2.—Rachel S——, aged twenty-nine, married, but had had no children; a short, stout, healthy-looking woman; had never experienced a day's illness prior to the appearance of the complaint for the treatment of which she entered the hospital in April, 1861. The disease commenced seven years before, not as a distinct tumour in the body, but as a dropsical swelling of the lower part of the abdomen, and gradually extended upwards until the whole of her abdomen became uniformly enlarged. The accumulation of fluid took place so slowly that scarcely any inconvenience was suffered by the patient until within a short period of her admission, and at that time the symptoms were: marked dulness over the abdomen anteriorly, and resonance in each lumbar region; fluctuation remarkably distinct; respiration much interfered with and rendered difficult by the distended state of the body. Health in good condition. The catamenia had been regular for years past. The circumference of the abdomen measured thirty-nine inches; it was tapped ten days after admission, and twelve pints of thin clear serum removed. Five weeks later it became necessary to resort to paracentesis again, and on this occasion nine pints of fluid, of the same nature as before, were taken away. It still continued to collect, and in December, 1861, the circumference of her body had attained forty-nine inches. The umbilicus was about the size of an orange, and contained fluid, which could be readily pressed into the abdominal cavity. Her general health remained unimpaired.

Dec. 24th, 1861.—Tapped to-day, and after the withdrawal of forty-seven pints of thin sanious liquid, there could be felt

through the abdominal wall, and close to the pelvis, a solid tumour the size of an infant's head, having its surface covered with numerous irregular nodular growths. It was fairly movable, and painless. On examination per vaginam, the uterus was found to be healthy; a marked hardness could be made out in the roof of the vagina, and one or two soft growths felt in or behind the mucous membrane of the upper part of that canal.

Feb. 25th, 1862.—Paracentesis performed through the thin and prominent umbilicus. Forty-two pints of sanious fluid removed. The solid pelvic tumour still existed; it had suffered some diminution in size.

Aug. 5th.—Tapped again through the umbilicus, and fifty pints of dark-brown glairy liquid taken away. She now felt anxious to have more decided treatment adopted, and her case was consequently submitted to the judgment of the medical staff, who were unanimously of opinion that the case was a favourable one for the performance of ovariotomy.

Sept. 5th.—The patient was placed under the influence of chloroform, an incision was made below the umbilicus, and the sac, or what appeared to be sac, come down upon and separated by the hand for a short distance around. It was now punctured with a trocar, and several pints of clear serous-looking fluid removed. On opening up this sac, it was found to be, not the wall of an ovarian cyst, but the parietal peritoneum, infiltrated with solid material, which thickened and raised its internal surface into nodular elevations. The omentum was greatly enlarged, and studded with, or rather made up of, clusters of hydatid-looking growths, which varied from the size of swan-shot to that of a grape. Some of these were cystic, and contained a clear fluid; they could be most readily detached from their points of attachment. A mass of these nodules, connected with the omentum, was seen lying in the right iliac fossa, and produced the enlargement which had been diagnosed as a collection of cysts contained in the pedicle of the ovarian cyst. The operation was now quickly brought to a termination by closing the abdominal incision with several hare-lip pins and metallic sutures. Syncope and vomiting set in shortly after the operation, and continued until the evening, at which time these symptoms disappeared, and she was enabled to obtain a few hours' sleep, and afterwards take some milk and arrowroot. She never thoroughly rallied, but gradually sank, and expired on the 7th, fifty hours from the time of operation. Her relatives would permit no examination of the body to be made.

The grape-like bodies on subsequent examination were found to consist of globular cysts, of the colour of fat, and were aggregated in masses as if thirty or forty grew from a common point or centre. The interior contained a clear watery fluid, which would not coagulate when heat was applied, though the fluid from the abdomen did coagulate on the application of that test. The walls of the cysts were tough, and curled inwards. On scraping the interior, and placing the *débris* under a microscope, an abundance of large, circular, nucleated cells could be seen, as well as numerous spindle shaped ones.

Remarks.—Ovariotomy has now been performed at this hospital in five cases,* the results being one recovery and four deaths. Three were ovarian, and two not ovarian. In three the operation was completed; in two it was not completed, the non-completion in one being due to the presence of adhesions between the cysts, the viscera, and the abdominal walls—adhesions which were of so tough and fibrous a nature as to preclude any possibility of detaching them without committing serious injury to the organs to which the cysts had become adherent; and the non-completion in the other case was occasioned by the disease not being ovarian.

The existence of adhesions, so frequently attendant on the disease, is a most untoward circumstance. It seems there are no means known by which their presence and extent or absence can be ascertained beforehand. Dr. West† observes: "All the measures which have been proposed for ascertaining the freedom of an ovarian tumour from adhesions afford little if any information, except as far as the relation of the cyst to the abdominal wall is concerned. The adhesions to the abdominal peritoneum, however, are by no means the most important, and their division is often attended with but little difficulty or danger; while connexions between the cyst and the various viscera are frequently altogether undiscoverable beforehand, and attempts at dividing them are always hazardous—very often impracticable. To the best of my knowledge, there is no other operation in surgery concerning which the chances are nearly one in three that some unforeseen difficulty will prevent its completion, or that a third of the abortive attempts at its performance will end in the patient's death." When present, they cause a great impediment to the progress of the operation; if detached and the operation perfected, there is as faint a chance of recovery afforded the patient as if the cyst or tumour were left *in situ* and the operation abandoned. On this point recent statistics* show that ovariotomy was commenced in 106 cases; but could not be completed, inasmuch as the extraction of the tumours was prevented by adhesions, which in some were found to be "extensive" and "strong," in others "universal" and "inseparable."† 38 of the number died shortly after the operation; and 68 recovered, but 19 of these died within twelve months, or 25 within three years, and 4 succumbed at a later period. Of 22 no account was given; in 17 only was recovery complete, and the patients known to be living at the time the reports were furnished.

The case of Rachel S—— suggests a remark on the diagnosis of ovarian disease, which, it must be confessed, is often particularly difficult. Perhaps in no other disease does the question of life and death so immediately and directly wait upon, and result from, the diagnosis. Sometimes it is attended by no difficulty; at others it is exceedingly obscure. It has happened to surgeons of large experience and undoubted skill to open the abdomen and find no tumour at all, or discover that the complaint was a fibrous tumour of the uterus, or some other extra-ovarian disease. Dr. Clay‡ gives tables of 36 patients in whom the operation was undertaken but abandoned, the nature of the tumour in 23 being uterine; in 2, mesenteric; in 2, omental; in 2 tubal fœtation; in 1, splenic; in 2, results of chronic peritonitis; in 1, obesity; in 2 cases no tumour could be discovered; and in 1, the nature of the tumour was not stated. Most truly does Dr. West§ remark that "the diagnostic difficulty does not seem as yet to have been diminished by all the attention which has been bestowed upon it; and the well-skilled tact of those who have oftenest performed ovariotomy appears in this respect to give its possessor but little superiority over the novice."

* Three of the cases appeared in THE LANCET for Oct. 17th, 1863.
† Diseases of Women. Part II., p. 168.

* Kiwisch on Diseases of the Ovaries, translated by Clay.
† In a few of the cases partial excision of the tumours was practised.
‡ Op. cit. § Op. cit., p. 168.

MEATH HOSPITAL, DUBLIN.

TYPHUS FEVER TREATED WITHOUT ALCOHOL.

(Under the care of Dr. STOKES.)

(*Reported by* Dr. WADE, of Birmingham.)

THOMAS R——, labourer, aged nineteen, admitted into the above hospital on October 29th, 1849, labouring under well-marked maculated typhus, ninth day. States that on Sunday, October 21st, he was seized with shivering and headache. He, however, went to work as usual on the next two days, on the latter of which he got a wetting. This was followed in a few hours by a severe rigor. On admission his state was as follows: Skin very dry, and of a dusky hue, and profusely maculated; eyes suffused; conjunctival and facial congestion; pulse 120, soft; great deal of headache; sensible, and able to give a clear account of himself, but still seems heavy and torpid, unless roused; heart's action weak; sounds weak, but audible.

Oct. 30th (tenth day).—Circulation the same; eyes not quite so suffused, but conjunctivæ duskier; tongue red at edges, brown in the centre, but not very dry; bowels costive; very slight bronchitis.

31st (eleventh day).—Passed a very restless night; raving a good deal; tongue much browner and drier; bowels regular; pulse 128, feeble; heart's action unaltered. He is much heavier than on yesterday; respiration 36, deep and hurried, having the character of cerebral respiration; slight dry cough; complains of considerable pain, increased by pressure, all over the abdomen, principally in the epigastric and ileo-cæcal regions; very well-marked gurgling in the latter region. Ordered, camphor mixture, eight ounces; tartrate of antimony, one grain; sedative liquor of opium, twelve minims: half an ounce to be taken every second hour. A large blister to be applied over the sternum.

Nov. 1st (twelfth day).—Tongue very dry and brown; noisy and sleepless in the night; abdomen much less tender; gurgling still continues; thirst is insatiable; pulse 120, stronger; heart's action increased in strength.

2nd (thirteenth day).—Pulse 112; slept a good deal in the night, but also raved.

3rd (fourteenth day).—Pulse 116, stronger; heart's impulse much stronger, and sounds louder.

4th (fifteenth day).—Thirst continues; drowsiness alternating with raving.

5th (sixteenth day).—Pulse 112, weaker than yesterday, as is also the heart's impulse; sounds, however, are distinct; slept well in the night, but raved a little; slight diarrhœa, which commenced on the night of the 3rd; breathing not near so deep as it was; thirst unabated; skin very hot and dry; tongue so dry that it cannot be protruded; eyes less suffused; face still much congested.

6th (seventeenth day).—Bowels better; pulse 104, fuller; slept well; eyes not so suffused; face much paler; tongue not quite so dry; headache gone; thirst abated; skin not so arid; breathing tranquil.

7th (eighteenth day).—Pulse 100; bowels regular; vomited three or four times in the night (his friends came to see him yesterday, and probably gave him something to eat or drink); thirst the same as yesterday; eyes more suffused; raved a good deal in the night; tongue browner and drier; heart strong.

8th (nineteenth day).—Pulse 88, soft; heart's action good; raved and got up a great deal in the night; perspired freely; and his skin is now moist, but hot. He seems very heavy to-day; tongue covered with viscid mucus; bronchitis slight.

9th (twentieth day).—Pulse 88; tongue cleaning; slept almost without intermission since yesterday's visit; countenance and eyes much clearer; not nearly so heavy; a few large, loose râles are all that remains of the bronchitis; heart powerful.

10th (twenty-first day).—Tongue quite moist, and nearly clean; pulse 88; sweated freely and slept soundly all night; is quite rational, and, in short, convalescent.

The patient's convalescence proceeded without interruption till he left the house at the end of December (*sic*—a mistake, I think, for November). Amongst other remarks upon this case I find the following:—"This man got no wine during the whole course of his fever."

Observations.—In Dr. Gairdner's paper upon the "Use of Alcoholic Stimulants in Typhus Fever," (THE LANCET, March 12th, 1864,) he says—"I believe, however, that all the old pupils of Dr. Alison will recollect his constant and anxious instruction, to the effect that in typhus fever, as well as in other diseases of a typhoid character, stimulants were always to be administered from an early period, without waiting for symptoms of debility or for any other special indication, except the ascertained nature and tendencies of the disease. And, in point of fact, the administration of wine and spirits by Dr. Alison in such diseases must be well remembered by all who observed it as being practically of the nature of a routine; not, indeed, nearly so extreme or unqualified as that of Dr. Todd, but essentially of the same character, the use of stimulants being commenced almost invariably before the end of the first week, and sometimes as early as the second or third day, and continued throughout the disease in liberal doses, increased according to the violence of the symptoms. There can be no doubt that this practice of Dr. Alison, carefully followed out by his pupils, Drs. Graves and Stokes, in Ireland, and by others all over the world, had a powerful influence in breaking up the old bad routine of depletion in typhus fever, which was almost universal in the earlier part of the present century."

These remarks seem to me to convey (no doubt unintentionally) an erroneous impression of the teaching of the Dublin school—as it was at least at the date of my studentship, and as it has been I believe since. The case above related—by no means a slight one—is copied from a special case-book in which I entered it at the time as a memento of the important dogma, that even in typhus fever—a disease in which above all others their benefit has been most fully recognised—alcoholic stimulants are not to be administered in a routine manner, but are to be reserved for special conditions and complications. I remember well that this was repeatedly and most forcibly insisted upon by Dr. Stokes at the bedside of this very patient. One result of his teaching has been that I have always guided my practice by this dictum, and enforced it as strongly as I am able in both systematic and clinical teaching. It has always appeared to me a corollary from this proposition, that where we advisedly administer stimulants to meet special indications, we should strictly limit the quantity by those special indications, and discontinue their use when these special indications shall have been fulfilled, without regard to the stage of the fever. This principle also I have acted upon and taught, and for the knowledge of it I hold myself indebted to my clinical teachers in Dublin. It is scarcely necessary to add, that I approve Dr. Gairdner's onslaught upon the indiscriminate and reckless administration of stimulants, which I believe to be a most pernicious and reprehensible practice.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 14TH, 1864.

MR. PARTRIDGE, PRESIDENT.

PATHOLOGICAL RESEARCHES INTO THE DISEASES OF THE EAR.

(Supplement to the Seventh Series.)

SEBACEOUS TUMOURS IN THE EXTERNAL AUDITORY MEATUS.

BY JOSEPH TOYNBEE, F.R.S.,

AURAL SURGEON TO ST. MARY'S HOSPITAL, ETC.

AFTER reference to the eighteen cases (published in the forty-fourth volume of the Society's "Transactions") in which sebaceous tumours developed in the external auditory meatus had caused disease of the petrous bone, the author detailed two additional cases of the disease in which death resulted from irritation of the brain produced by the presence of sebaceous tumours. In one case—a girl aged sixteen—there was no history of any previous affection of the ear; nevertheless, there was caries of the petrous bone, and death ensued from inflammation and softening of the brain. In the eighteenth case,—that of a boy also sixteen years of age,—acute symptoms suddenly came on without any warning, and death followed eight days after his admission into hospital from inflammation of the brain.

A CASE OF PROGRESSIVE ATROPHY OF THE TONGUE AND MUSCLES OF SPEECH; SUBSEQUENT LOSS OF POWER; GREAT GENERAL ATROPHY; POST-MORTEM APPEARANCES.

BY EDGAR BARKER, JUN., M.R.C.S.

Since the publication in the "Medico-Chirurgical Transactions" in 1851, by Dr. E. Meryon, no other case of this description had been brought before the notice of the Society. The subject was a gentleman, aged fifty-one, who had enjoyed excellent health till May, 1859, when a slight difficulty of speech, accompanied by general failure of health and strength, induced him to seek medical advice. These symptoms, without any apparent cause, with the addition of impairment of deglutition, continued to increase; and on the following September, after some months' residence at the sea-side, the tongue had assumed the following remarkable appearance: small and shrunken, it lay low in the floor of the mouth, and over its whole surface was noticed an unceasing tremulation of the fibrils of its muscular structure; it had lost its bright healthy hue, and was of a pale yellow colour. His face had also lost its ordinary expression; the cheeks and lips were flaccid, and hung down. Saliva frequently dribbled from the mouth. No symptom whatever of irritation of brain or spinal cord was ever present, but the muscular tissue in different parts continued to waste and degenerate with unrelenting pertinacity. Gradually articulation became unintelligible, and deglutition impossible. The fibrillary tremors so noticeable during the wasting of the muscles, ceased with their destruction. From the tongue to the muscles of deglutition, thence to those of the upper and from these to the lower extremities, the disease extended. At length the intercostals were affected; and the breathing consequently at times became much laboured, as each morning brought increasing difficulty in the necessary expulsion of mucus collected in the bronchial tubes during the previous night. Great exhaustion followed these attacks, and on the morning of the 15th October, 1861, he gradually sank.

Various remedies had been for many weeks together tried, but none seemed in any way to arrest the steady onward progress of the disease. Cod-liver oil, quinine, iron in various forms, zinc, strychnia, and the constant use of galvanism, were the principal agents employed.

The post-mortem examination of the tongue went to prove that in its entire extent it had been converted into a soft, pale-yellow mass of fatty tissue. The papillæ were shrunken, and most of its muscular fibres were replaced by oil-globules, amidst which granular and fat-laden fibres were here and there scattered; and of the muscles attached to the tongue, only the genio hyoglossi and stylo-hyoglossi retained any manifest traces of their form and structure. The nerves of the tongue, so far as traceable, were natural; no apparent softening or atrophy of them could be detected; muscular fibre in the arches of the palate and in the uvula were chiefly natural, save here and there. The same granular appearance was noticed in the pectoralis major and in a portion of the left ventricle of the heart and in the left side of the diaphragm. In all, the muscular fibre

was in great part natural, though each specimen in an equal degree contained stray fibres, which were losing the clearness of their transverse markings, and becoming granular with fatty deposit. The examination, worked out with the greatest care and by accurate observers, failed to bring satisfactory evidence of any change in the nervous tissue supplying the affected muscles, either in their centre or peripheric extremities; but, on the contrary, the examination tended to strengthen the present prevailing opinion that the disease is essentially in the muscular tissue itself, and must yet be looked upon as akin to that condition frequently met with in the left ventricle of the heart, and known as fatty degeneration.

In answer to a question,

Mr. CALLENDER said that the examination was made chiefly by Mr. Paget and Dr. Brown-Séquard, but he could not say that there was any microscopical examination of the spinal cord.

Dr. MERYON said that in a similar case to that related the spinal cord and the nerves connected with it had been examined, but not the slightest disease could be detected. Cruveilhier had recorded three cases of the disease, in two of which the spinal cord was not affected, though it was in the third case. In this patient there was the same tremulous action of the muscles. The origin of the disease had been attributed to exposure to night air. Since his (Dr. Meryon's) case had been related two brothers of the patient had died, the last one about three years since. Dr. Meryon then referred to several cases of the affection, in none of which had he seen the tremor of the muscles, except after the use of electricity. He attributed the disease simply to a breaking down of the muscular structures of the part, and thought it unconnected with nervous changes. Medicines in these cases had exerted little or no influence. In one case, however, he had given liquor arsenicalis for six months, and the disease had not progressed.

Dr. GULL said that the cases referred to by Dr. Meryon and the one under consideration were not at all similar. Dr. Meryon's was a class of cases occurring amongst young people, and the muscular degeneration was somewhat analogous to the rickets in bones. The case of Mr. Barker was of another kind; and considering that no microscopical examination had been made of the 7th and lingual nerves, it was valueless in respect to the cause of the disease. He entered his protest against the assumption that it was primarily dependent on muscular degeneration. How did it commence? Now, looking at the fact that one of the olivary bodies was flattened and the anterior pyramid altered in form—the very eye, as it were, of the nervous centres,—and taking into account the symptoms, it would appear that the disease had its origin in the nervous system. He had shown in some lectures at the College of Physicians that paralysis might begin in any of the structures of the body.

Dr. FULLER had seen a case in every way similar to that of Mr. Barker, except that it was not fatal. The disease began in the tongue, but the upper and lower extremities became affected; the patient could not walk, and could scarcely lift his hand to his head. He was not of a strumous habit, but was previously in good health, and attributed the disease to great mental and bodily exhaustion consequent upon exertion. The symmetry of the disease in these cases was in favour of the opinion expressed by Dr. Gull, as were also the cramp and some other symptoms present. He (Dr. Fuller) had seen another case which had likewise been attributed to great mental and bodily exhaustion; this case proved fatal.

Mr. W. ADAMS referred to a case which had come under his observation in most respects similar to that of Mr. Barker, and in which the disease was attributed to great mental distress.

Mr. CALLENDER said that some disease of the nervous system was expected to be found in Mr. Barker's case. There was certainly some change in the olivary and pyramidal bodies, which were slightly atrophied; but on careful microscopical examination no change of structure could be discovered. Mr. Barker, he believed, had brought forward his case as a clinical memoir chiefly. With respect to the symmetrical character of the disease being indicative of its nervous origin, he did not think it of so much weight. One muscle became affected; and even in nervous affections the muscles on one side were often alone involved.

ON THE TREATMENT OF STRICTURE OF THE URETHRA BY SUBCUTANEOUS DIVISION.

BY HENRY DICK, M.D.

(*Communicated by* WILLIAM ADAMS, Esq., F.R.C.S.)

In 1853 Dr. Dick published his first case, and in 1855 he sent a memoir to the Académie de Médecine de France, in which two other successful cases are related. Since that time, Mr. W. Adams and Dr. Dick's colleague at the National Orthopædic Hospital—Mr. Allingham—have operated after the same method with the best result. Dr. Dick divides strictures into two classes, after their physical properties—namely, into dilatable and non-dilatable. Stricture may occur at any spot of the urethra; but the most frequent is the bulb. They are less frequent at the fossa navicularis and the membranous portion. Stricture is the result of inflammation, a new tissue being formed at the strictured spot, which is of a fibrous nature. The greatest number of strictures take the form of atrophy; but a few are met with of the hypertrophic form. In drawing attention to the shape of the stricture, Dr. Dick points out that every portion of the stricture must be divided, because if only the narrowest part is divided symptoms of stricture will return. He further alludes to deviation of the urethra in strictures, believing that the back opening of the stricture does not correspond with the front opening. He says that those pathological changes are the result of post-inflammatory retraction. Dr. Dick passes in review the different treatment of stricture. He believes dilatation by the graduated metallic bougies is the safest; but there are cases where dilatation will not give much relief to the patient, or sometimes social exigencies urge the patient to get radically cured. The different methods employed he divides into three: 1st, cauterization; 2nd, splitting or tearing; 3rd, cutting strictures. And the cutting he subdivides into three kinds—the internal, the external, and the subcutaneous methods. He thinks cauterization the most objectionable, having regard to the pathological anatomy of strictures. Splitting he only admits in a few exceptional cases—where division by the knife cannot be practised with safety, where a number of strictures are closely following each other, or where a large part of the urethra is strictured; but even in these there is no certainty if the stricture has been really torn or only forcibly dilated. He cites two cases of sudden death occurring after splitting. His other objection to splitting is that the pain is so violent that recourse must be had to chloroform. Besides it is a principle in surgery never to tear parts when they can be cut with safety. Dr. Dick thinks the internal incision is the most logical, having regard to the pathological anatomy of strictures; but its execution has great drawbacks: he alludes to the difficulty of making the cut at the right spot with the instruments. Incisions with those cutting machines are very difficult to execute, as very often the knife acts as dilator instead of a cutting instrument when the part is not tensely dilated. He objects to the external incision as being almost as hazardous an operation as cutting for stone. The suppuration afterwards is also long, consequently pyæmia is much to be apprehended; besides, the long suppuration is very likely to occasion great retraction, some cases of which have come under his own observation. He comes now to the subcutaneous division, which he believes fulfils the indications of the pathological anatomy. The surgeon can attack directly with the knife the contracted spots. He is at liberty to make his subcutaneous cut as long and as deep as he thinks most suitable for the occasion. The external puncture heals in the first twenty-four hours. The operation has further the advantage that chloroform is not required, the pain being very trifling; the hæmorrhage, too, is insignificant. The subcutaneous method is indicated not only in severe strictures where dilatation cannot be practised, but also, in his opinion, in those elastic strictures which return after dilatation. He then describes the mode of operating. Dilatation must first be practised to a small extent, to enable the operator to pass a small-grooved conductor through the stricture. No chloroform is used. The patient's regimen is not changed. In winter he confines his patient to his room for eight days; in summer only for three days. For the operation the patient is placed in the position for lithotomy. The instruments used are a grooved conductor, which was shown to the Society; an ordinary tenden knife, which for strictures in the membranous portion should have rather a long neck, and be a tenotome caché; a good-sized catheter in proportion to the orifice of the urethra; a T-shaped bandage, an ordinary bandage, sticking-plaster, and lint. No bandages are required for strictures in the membranous portion; for the latter cases a large metallic bougie is left in the urethra after the operation. The patient placed in position, the conducting catheter is introduced until the two knobs stop before the stricture; then the surgeon, by skilful manipulation, slides out the small grooved conductor (which was concealed in the conducting catheter) through the stricture. The conducting instrument being then in position, the surgeon delivers it into the hand of his assistant, telling him to keep it gently but steadily against the stricture. He then feels outside the urethra for the

two small knobs, grasps with his left hand the penis with the instrument, and places his thumb just before the knobs, having his index and middle fingers at the back of the penis; he then takes the tenotome in his right hand, and thrusts it between the two knobs, pushing it resolutely through the stricture, and divides it in that *sawing* manner in which usually tendons and fibrous tissues are divided. He thinks the cut should always be from three quarters of an inch to an inch long; also that the knife should not be withdrawn until the surgeon is quite convinced that the stricture is completely divided. The conducting catheter is then withdrawn, and lint and sticking-plaster placed on the external wound, and the whole kept in position by a T-shaped bandage, a common roller, and a few pins. The patient is then put to bed, and his urine drawn off twice or thrice a day when required with a large catheter. Dr. Dick strongly objects to leaving a catheter in the urethra after the operation. He now quotes four cases of his own and two of Mr. Allingham's, all of which were attended with the most successful results. In them he relates as a remarkable fact that shivering always took place, but no bad results followed. The only case in which shivering did not occur was that after incision in the fossa navicularis. Another point of importance on which he dwells is, that dilatation with a large metallic bougie should be practised once a week for six months after the operation.

CASE OF TRAUMATIC STRICTURE IN THE ANTERIOR PORTION OF THE URETHRA, CURED BY SUBCUTANEOUS DIVISION.

BY WM. ADAMS, F.R.C.S.

As a note appended to the above paper by Dr. H. Dick, Mr. Wm. Adams gave the particulars of a case of traumatic stricture in the anterior portion of the urethra, which he had cured by dividing the stricture subcutaneously in the manner proposed by Dr. Dick; the operation very much resembling subcutaneous tenotomy.

In June, 1862, C. W——, aged twenty-six years, an officer in the army, first consulted Mr. Adams on account of a very severe stricture of the annular or ring-like form and gristly substance situated in the anterior portion of the urethra, two inches and a quarter from the external orifice. The stricture, which could easily be felt by external examination, had been caused by the bite of a horse in India a year and a half previously, and the inconvenience now suffered by the patient incapacitated him for military duty. At the time of the accident both the scrotum and penis were much injured; profuse hæmorrhage from the urethra occurred, and a portion of the mucous membrance is said to have protruded from the external orifice. Abscess formed and opened externally close to the frenum, where a fistulous opening communicating with the urethra remained at the date of Mr. Adams's operation. Ever since his recovery from the immediate effects of the injury, the patient had been obliged to wear, night and day, a short catheter of small calibre (about No. 2); the disposition to contraction being so great that if this were discontinued more than a few hours, he had the greatest difficulty in passing a tube even of less diameter than a No. 1 catheter. Mr. Adams considered that an operation offered the only means of permanent cure; but at the patient's request this was postponed, and gradual dilatation tried by a graduated series of short silver catheters. The patient left town, and persevered in this treatment for eight months, wearing a catheter day and night. Dilatation could not be carried further than to admit a No. 4 catheter, which was habitually worn, when Mr. Adams was again consulted in February, 1863. The disposition to contraction was so great that when the No. 4 catheter was left out during the night, only a No. 1 or No. 2 catheter could be passed in the morning. Mr. Adams now urged an operation; and, thinking that any attempts at forcible dilatation, such as Mr. Holt had recommended, would probably fail in consequence of the large size and unusual gristly induration of the stricture, determined to adopt the subcutaneous division of Dr. Dick, more especially as he had assisted Dr. Dick in two operations of this kind in severe cases, in both of which the operation had been eminently successful.

On the 16th of March, 1863, Mr. Adams performed the operation, with the assistance of Dr. Dick. The instruments used were the tenotomy knife, and Dr. Dick's grooved staff with a bulbous extremity, having within it a smaller grooved staff, which can be passed through the stricture, and form a director, along which the knife can be passed in dividing the stricture, when the bulb of the larger staff has been passed down to the stricture as a guide for the introduction of the knife. In performing the operation, the tenotomy knife was passed through the skin externally, directly into the groove in the bulb of the larger staff, and thence onwards along the groove in the smaller staff through the stricture; then, leaving the groove, the knife was directed outwards towards the skin, dividing freely the stricture and some of the corpus spongiosum a little above and below it. In the present case no difficulty occurred in the operation; but, as a complication, two other strictures were discovered by the bulb of the larger staff—one an inch and a half from the external orifice (i.e., nearly an inch anterior to the main stricture), and the other more than an inch behind the main stricture: so that in order to divide these, it was necessary to introduce the tenotomy knife in two different places. When the main stricture was divided, the tissue gave way very much like a tightly-stretched tendon, and could be both heard and felt.

Immediately after the operation, in which very little hæmorrhage occurred, a No. 12 (English) catheter was passed into the bladder without any difficulty, and left in for a short time, slight pressure on the penis being kept up. The catheter was not left in during the night. The next day a No. 12 catheter was introduced twice, and the urine drawn off. This was continued day after day two or three times, and on the fourth day the patient was indiscreet enough to walk down to his club and dine with some friends. Not feeling so well afterwards, he remained two days in-doors. On the eighth day he went out of town. He was able to pass a No. 10 catheter for himself without any difficulty, and this he was directed to do at first twice and then once a day. The No. 12 catheter seemed to meet with a little obstruction at the seat of the deepest stricture, or a little beyond this, but passed readily through the situation of the main stricture. On the 15th of April the patient was carefully examined by Mr. Adams, and no disposition to re-contraction existed. He was improved in every respect. On the 8th of June, less than three months from the date of the operation, Mr. Adams reported this gentleman as fit for active military duties. He was now directed to continue passing the No. 10 catheter twice a week, and then once a week, which was to be gradually discontinued. It may be safely affirmed that in this case no better result could have been obtained by any other method of treatment; and it certainly offers encouragement to test further the advantages of the subcutaneous division of stricture, and determine the cases to which this method of treatment is especially applicable.

Dr. DICK said that he had operated in very many cases, and always successfully. The periods which had elapsed since the operations varied from nine years to a few weeks. All the patients recovered well.

Reviews and Notices of Books.

Lectures on the Diseases of Women. By CHARLES WEST, M.D., Physician to the Hospital for Sick Children, Examiner in Midwifery at the University of London, &c. Third Edition. 8vo. pp. 687. Churchill and Sons.

ALTHOUGH Dr. West has thoroughly revised this volume, no additions of consequence have been found necessary except on the subjects of Ovarian Dropsy and Uterine Hæmatocele. With regard to the former it need only be said that the lectures devoted to its consideration are full and complete; while, as the objections which Dr. West formerly entertained against ovariotomy have been completely overcome, there is probably nothing that will not be freely acquiesced in by those who have paid special attention to the treatment of this distressing disease. The grounds on which this physician's former conclusions were based are very fairly stated, as in the former editions; but the statement is followed by a succinct account of the way in which he has been led to change his opinions during the past seven years, together with his reasons for doing so. We cannot but think the profession will feel gratified at Dr. West's admission that ovariotomy is one of the legitimate operations of surgery; though it must be confessed there is not much in his recantation which will be deemed satisfactory or convincing to those who still oppose the removal of ovarian tumours. But the fact is that the malcontents have rapidly diminished in number and in importance; so that it is highly probable no English physician or surgeon of any repute, under

fifty years of age, will now be found who looks upon ovariotomy in any other light than as a proceeding which, in certain cases, he is bound to recommend. Desperate diseases require desperate remedies; and although the mortality from ovariotomy is still almost one in three, yet it is no slight achievement to rescue merely such a proportion of sufferers as these figures indicate from a most painful death. Even cancer itself is attended with less mental distress and physical torture than a gradually increasing ovarian growth; and there are few cases met with in practice more depressing to watch than those of ovarian tumour where an attempt at removal is contra-indicated.

The lecture on Uterine Hæmatocele has been carefully compiled from the papers and essays of those gentlemen who have written at length upon this interesting subject. The pages devoted to it contain nothing very novel, though the particulars of eight examples of which Dr. West has kept a record are narrated.

The present volume seems less adapted for students than for the perusal of those practitioners who can, from their own experience, confirm or refute some of the doubtful opinions enunciated, without being led away by authority. There are certainly not a few points on which Dr. West disagrees materially with other physicians of great repute. But after making allowance for the different way in which different observers will, for a long time to come, regard the pathology and treatment of the same disease, it can only be acknowledged that Dr. West's volume contains a large amount of useful information, and that it is a valuable contribution to medical literature.

Delineations of the Brain in Relation to Voluntary Motion. By JOSEPH SWAN. pp. 65. London: Bradbury and Evans.

THE veteran anatomist, Mr. Swan, has published this work—which is illustrated by forty-eight quarto lithographic plates—to sustain his views respecting the minute anatomy of the brain, and especially its relation to voluntary motion.

Mr. Swan divides each hemisphere of the brain into three peripheric or longitudinal regions, which he names the median, the intercedent, and the external respectively. The median region occupies the convolutions near the median line, and is appropriated entirely to the intellect; the intercedent is placed between the median and the external regions, and its convolutions are connected with the tracts of all the cerebral and spinal nerves; the external or motive region is placed on the outer side of the intercedent, and is formed of convolutions as centres for giving a voluntary power to the motive nerves.

The author's views, with regard to muscular action, are as follows:—"Two distinct powers are required for corresponding with two different sets of muscles for flexion and extension; and the layer appropriated to each power is divided into sections, and each section terminates in a tract.....As the tendency of the joints is to flexion, and as the flexor muscles have also to be counteracted by an opposing power, a much larger force is required for extension. The bulk of the outer layer of convolutions is therefore greater—nearly twice as much as that of the inner layer for flexion."

With regard to the above, and, in fact, all the statements contained in this work, we must confess that we should like some more certain evidence than the mere *ipse dixit* of an author, however distinguished. The illustrative plates certainly bear out the author's statements; but then it is not difficult to carve a brain, hardened in spirit, into any desired form. Before giving in our adhesion to Mr. Swan's views, we should like to have microscopic evidence that the fibres are continued in the manner which the rough dissection indicates; and to know how far these views are supported by pathological evidence, and by the numerous experiments upon the lower animals which have been from time to time undertaken by the most distinguished physiologists.

We must say a word of praise as to the beauty of the plates, which were drawn on stone by Mr. E. West.

OXFORD OPINIONS ON MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—The Archbishop of York, in the address which he delivered at St. Mary's Hospital Medical School, displayed the bright side of Oxford education. In this Utopia of tuition there were few lectures; instruction was incorporated into the student's daily life. His tutor would ask him to breakfast, and make him decline Greek verbs between his muffins; or walk with him by the banks of the Isis and indulge him with a peripatetic lecture in the shade. Now there was not enough of this element, he thought, in medical education. The professors ought to study the students, the number of lectures ought to be reduced, and they should partake more of the nature of an examination. Men were born with tongues as well as ears, and nothing is so rare as a good listener. In a word, he pointed out all that was faulty in medical education with delicacy, but with distinctness, and all that was admirable in the Oxford system with an eloquence to which hospitals are unaccustomed.

The superiority of tuition at Oxford can be very soon explained. There the tutors have nothing to do but to teach; here tuition is a kind of *dilettante* excrescence upon a medical man's professional existence. Distinguished men have no time to nurture the young growth of individual minds: the wonder is that they will take the trouble to deliver lectures at all; the trouble being great, the compensation almost nominal. But there is one other respect in which the university system is far superior to ours. The tutors are not the slaves of a higher body, or of a blind unvarying routine. There each tutor is allowed by the examining bodies to instruct his pupil as he considers best; he strengthens him on his weak points, and avoids pinning him down to unnecessary work. If, for instance, he is weak in mathematics, and safe in the Greek Testament, he gives him double work in the first, and excuses him from lectures in the second. If he knows that the student is industrious he will excuse him from lectures altogether; for one can always learn more from books.

But under the present system of medical education the examining bodies place none of this wise reliance in the officers of medical schools. They require attendance at so many courses of lectures—in number something appalling, and quite sufficient to preclude the use of books altogether from ordinary men. It is true that without these lectures many students would totally neglect their work. But it should be remembered that lectures are but a very poor substitute for literature; that listening is a more mechanical process than reading; and that a habit of imbibing instruction in this manner during four years would totally unfit many minds from receiving it in a less easy form.

Medical students would, I think, receive much benefit were those only to accept the office of Dean of the School who are able and willing to devote some little care to them, and if the power was placed in their hands of guiding and modifying studies in regard to specialties.

I remain, Sir, yours obediently,

Conservative Club, June, 1864. W. WINWOOD READE.

THE CEREBELLUM IN CONNEXION WITH AMPUTATED LEGS.

To the Editor of THE LANCET.

SIR,—Should any of your readers have the means of examining the body of a person who has passed several years deprived of one or of both legs, may I be allowed to beg for the cerebellum?

I have been led to a belief that that organ has an especial influence upon the lower limbs, and I conclude that both lobes will lose weight after the loss of both legs; and one lobe—that on the contrary side—when one limb only has been taken away. I should be greatly obliged to any of your readers who can give me the means of testing this belief. It would be satisfactory to know the weight of the encephalon, as a standard of comparison. Your obedient servant,

W. H. DICKINSON, M.D.

Chesterfield-street, May-fair, June, 1864.

A REPUDIATED LEGACY.—M. Destrez, a lawyer, was left by Baron de Talleyrand-Perigord his universal legatee; he now generously refuses to accept the legacy, which amounts to more than a million of francs. The whole of this sum will be devoted to the hospitals and other public charities of Paris.

THE LANCET.

LONDON: SATURDAY, JULY 2, 1864.

AT the meeting of the Fellows of the College of Physicians on Saturday last, circumstances occurred which must be a source of painful regret to all. It might be well to pass them over altogether in silence, were it not that they are of necessity already known to a considerable number of persons; that they involve an apparent slight upon individuals who, as all agree, are not only blameless, but even worthy of distinction; and that they suggest the necessity for an alteration in the bye-laws of this important and advancing corporation. At this meeting the list of candidates nominated by the Council for the Fellowship was submitted. A difference of opinion arose between the Council and the then Fellows present; and, as a consequence of the collision, reckless blackballing was resorted to. A fight took place over every name; and, as a result of the unseemly contest between the Fellows and the Council, one-half the list were rejected, and several others escaped by a narrow majority of one.

It is, we believe, conceded on all hands, that no personal objection was or could be raised to any one of the candidates; and the names of the blackballed are sufficient to prove the fact, for a stronger list could hardly be prepared. The voting was avowedly free from personal grounds; and the blackballing was directed against the Council, and not against the candidates. They were used as whipping-boys on whom the Fellows might vent their anger, and by whose suffering the Council might be vicariously punished.

The injustice of such a proceeding will seem yet more obvious when the details are stated, as in bare justice to those thus hardly treated they certainly ought to be. The present bye-laws of the College of Physicians provide that the Council shall annually, prior to the 25th of June, nominate from the members of the College of not less than four years' standing, those who in their opinion have sufficiently distinguished themselves in the practice of medicine, or in the pursuit of medical or general science or literature, to be proposed for election as Fellows at the next ordinary general meeting of the College; and no member shall be so nominated who has not received the votes of at least ten members of the Council. Accordingly, in the present case, the Council met in the usual manner, and selected from amongst the members, after two meetings, the following list for nomination:—Dr. J. POLLOCK, Dr. WOOD, Dr. WASHBOURN (Gloucester), Dr. PRIESTLEY, Dr. HARLEY, Dr. ANSTIE, Dr. W. ROBERTS (Manchester), Dr. DUNDAS THOMSON, F.R.S., Dr. J. BRAXTON HICKS, F.R.S., and Dr. KENNION (Harrogate). A more unexceptionable list it would be difficult to find; and although it might be possible, no doubt, to select another series of names equally or almost equally strong, it would not be possible to find a better representation of the different classes of claims to the Fellowship, nor was it attempted to find fault individually with any one of those proposed.

When, however, the list was presented, one of the physicians of St. George's Hospital rose to express his dissatisfaction, and complained that the claims of many senior men, and especially those of Dr. DICKINSON, the Conservator of the Museum of that hospital, had been passed over, and moved that the list be referred back to the Council for amendment. Another physician of that hospital seconded the proposition. It was put from the chair, and declared to be carried. On reference, however, to the bye-law which we have just quoted, it was observed that the nominations of the Council must be made prior to the 25th of June, and as that date fell on Saturday, the day of meeting, it was impossible to carry out the resolution, which was therefore null and void. It was stated on behalf of the Council that they had exercised great care in making out the list, and had given a considerable amount of time to their selection; that the list represented fairly the various elements which were entitled to the distinction; and that the claims of Dr. DICKINSON and of the others who were mentioned were not so urgent but that they might very well be postponed until next year. The names were then submitted; and now, to punish the Council, blackballing was resorted to in the most reckless and indefensible manner, and with the most regrettable results. First came Dr. POLLOCK, who was so fortunate as to be elected by 23 white against 18 black balls; then Dr. WOOD, also elected by 24 against 17. The tug of war came with Dr. WASHBOURN, a distinguished physician at Gloucester, M.D. of London, 1854, and University Medical Scholar and Medallist, Physician to the County Infirmary, a Justice of the Peace, and well known both as a physician and as a leading sanitarian. Dr. WASHBOURN was proposed as an eminent provincial physician, highly fitted for the honour. He fell a victim to the wrath of the sticklers for seniority and Dr. DICKINSON. He was warmly eulogised by a sincere friend, whose vote was recorded against him. Where were the advocates of country interests on this occasion? Is it true that one gentleman, the warm advocate on paper of his "provincial medical friends," lent a hand, as is whispered, to the causeless rejection of this distinguished candidate? If he did, Dr. WASHBOURN has the poor consolation of thinking that he was insulted by one vote which ought at least to have been recorded in his favour, and which would have turned the scale, for he lost his election only by 21 to 20. The voting then became wild. Dr. PRIESTLEY and Dr. HARLEY were each elected by a bare majority of one. The next three candidates, Dr. ANSTIE (Westminster), Dr. ROBERTS (Manchester), and Dr. BRAXTON HICKS (Guy's), were blackballed by about equally narrow majorities. A strong personal appeal by Dr. WATSON in favour of that distinguished physician, Dr. DUNDAS THOMSON, F.R.S., who is now lying most seriously ill, brought him safely through; but Dr. KENNION, of Harrogate, fell a victim to the wrath of the "odd man," and lost his election by one. Five of the candidates were disposed of affirmatively or negatively by this "odd man," whoever he may have been.

A more undignified, improper, and painfully unjust course was never adopted, and the whole proceeding is one which might fairly be characterized in the strongest terms of reprobation. The number of Fellows is not limited, so that the blackballing could not help forward anyone who may have been passed over. It can, indeed, inflict no great damage on those who were thus sacrificed; but it is too bad that men of distinction, who have not even spontaneously come forward, but have been requested by the Council to allow their names to be put in nomination, should be used as skittles for other gentlemen to

bowl at, and be knocked about in this sort of pell-mell affray between the Council and the Fellows. All must feel that Drs. BRAXTON HICKS, ANSTIE, ROBERTS, WASHBOURN, and KENNION have been very ill treated. The very excess of the injustice takes in a measure from its sting; for all these names would add dignity to the list of Fellows, and this is acknowledged. The country physicians, it will be seen, were all rejected; and we can conceive of nothing more discreditable or unfair.

It seems clear that the Fellows, and especially the Council, who undertook the responsibility of nominating these gentlemen, owe them some kind of apology; and we can but hope that they will not think it beneath them, having, in a moment of strife, done a wrong, to repair it as they best may. Their election on a future occasion will be but a poor reparation. The Council owe something also to their own dignity; and the Fellows, who annually appoint a large number of the Council (nearly half each year), ought to show more confidence than they have done in their representatives, and be more slow to affront them.

But how can such an unseemly collision be prevented in the future? This is a really important question. According to the present bye-law, a list of members of four years' standing, distinguished for their professional or scientific attainments, is annually prepared by the Council and presented to the College on the 25th day of June, which is the only day in the year on which Fellows can be elected. As the Council alone nominate the Fellows, it is thought that members of long standing are apt to be passed over, as was complained of on this occasion, and junior members, in no way more distinguished, preferred, because the latter may happen to be better known to individual members of the Council. Consequently, the Council's list has more than once produced dissatisfaction amongst the Fellows, as unfortunately on the present occasion, when so many, against whom not a word of objection was or could be uttered, were sacrificed to the opposition raised against the Council. Much of this unpleasantness might be avoided if the Fellows of the College had the opportunity of recommending to the Council members for the fellowship, stating at the same time the grounds on which the recommendation is made, in the same way as is done at the Royal Society. The adoption of such a plan would not only remove all ground of complaint on the part of the Fellows, but would greatly aid the Council in their deliberations. The plan which is adopted at the College of Surgeons respecting fellowships by examination works well there, and might afford a useful hint on the present occasion.

THE great interest that has lately been excited by the loss of life attending our recent attempts to invade the Ashantee country, and the discussions which have taken place thereon in Parliament,—touching, as they did, on some points of the highest importance to the health of the troops stationed on the Gold Coast,—induce us to return once more to the subject. We do this the more willingly in order to draw attention to some valuable reports* in connexion with the medical and social history of this portion of our colonies, and which are worthy of further attention at the present moment by our legislators. The documents will be found to relate, not only to all those hygienic questions which bear such vital relation to the well-being of the white man on the Coast of Africa, but also to the physical welfare and happiness of the dark races themselves. There can be no doubt that there are, and ever will be, certain climatorial and geognostic conditions in the locality in question which will always render it an insalubrious place of residence to the white man. But everything should be accomplished which can reduce these conditions to their minimum of noxious influence, instead of negligently permitting the existence of removable causes of disease, and which the reports we have alluded to demonstrate to be in operation. Instead of much being done to counterbalance disadvantages, a vast deal appears to be accomplished in the way of increasing them. According to Mr. CLARKE, the climate of the Gold Coast is *quite* as good as that of most other tropical countries; the filth of the coast towns, the badness of the water, and proximity of the forts to the sea being evident causes of the augmented unhealthiness.

In 1857 Mr. CLARKE was called upon (as a member of the commission then appointed) to examine and report upon the sanitary condition of the Castle at Cape Coast. He found the tanks in a most unsatisfactory condition, being polluted with feculence and concentrated fluid filth, which was washed into them from the privies. The water was still further defiled by the excrement of domestic animals, and by the insects commonly living in such foul and decomposing fluid. The result of Mr. CLARKE's report was the cleaning out of the tanks, and the adoption of porcelain tubing to convey the water along the spur and great triangular spaces to them. But a good and abundant supply of water is still wanting for the garrison and town of Cape Coast. It is affirmed that such could be obtained at a moderate expense by boring and constructing wells. At present the supply of this element of life is very inadequate to meet the wants of the townspeople; and in the dry weather, or in seasons of drought, when there is little or no fall of rain, as was the case in 1856, it must be procured from springs in the bush or from the "Sweet River." We believe that a number of wells dug by the Portuguese are situated at some little distance off, but as they belong to private families, and are kept carefully locked up, they are only accessible to a privileged few of the community. These wells are about forty or fifty feet deep. An unfinished tank, built by subscription, and which is said to have cost £1500, exists near the centre of the town; this, if ever completed, will prove of the utmost advantage.

During the rainy season dysentery is the most fatal disease on this coast, and its fatality is evidently much increased by the local filth and contaminations which everywhere abound. But considerable as are the risks, whether from removable or non-removable causes, to the white dwellers on the Gold Coast, the climate of the latter may, according to the reports, be favourably contrasted with that of Sierra Leone in several vital points. In the former, the type of the remittent fever of the country is generally mild, of short duration, and not very fatal to Europeans; whilst in the latter, the "seasoning fevers" are prolonged, intractable, and too often terminate in death. Then, again, the epidemic or yellow fever, which at uncertain intervals ravages the colonies of Gambia and Sierra Leone, is wholly unknown in the locality of which we are

* Remarks on the Topography and Diseases of the Gold Coast. Reprinted from the first volume of the "Transactions of the Epidemiological Society." By R. Clarke, Esq., late of H.M.'s Colonial Service, and formerly Acting Medical Assessor of the Gold Coast. London: Richards.

Medical Report on the Condition of the Gold Coast. By R. Clarke, Esq. Part II. of the Annual Reports on the State of H.M.'s Colonial Possessions. 1861.

writing. The atmosphere of the Gold Coast is moreover drier, the alternations of temperature are neither so great nor so sudden, and the electric balance—if it may be so expressed—is less liable to sudden disturbance. The mean fall of rain at the usual season is very much less than at Sierra Leone. The quantity of rain which falls during the year averages from eighty to one hundred inches. The nights during the rains are cool and pleasant, but the natives at this season suffer considerably from catarrhal, pulmonary, and rheumatic affections. During the rains thick fogs prevail, rendering the atmosphere hazy, and descending in the evening in the form of a dew, so heavy that it penetrates the wooden flooring to such an extent that the boards look as if just washed, and hangs upon the jalousies of the inner doors of the house like great rain-drops. During these "smokes," as they are called, dysentery is apt to be prevalent. Whilst, then, towards the swamps in the interior and on the road to Coomassie during the rainy season it may be next to impossible for Europeans to subsist, yet if these reports speak the truth—and no doubt they do—the white man may, if he will but take a certain amount of care and trouble, subsist immediately upon the Gold Coast with as little danger as he can in other tropical localities, and with less than he would incur at Sierra Leone. But if he will drink foul water, manage without drainage, and, in fact, live in what can only be called "a great privy," he must take the consequences, whatever they be. To attempt to counteract these simply by overfeeding and overdrinking is the saddest of all possible mistakes. What may be effected in the way of compensating an unhealthy locality on the coast of Africa may be well learned by a communication from R. F. BURTON, Esq., H.M. Consul at Fernando Po, in a recent number of *The Times*. But who is effecting it? Why, the Spanish authorities, not the British.

"Though pleased," writes Captain Burton, "to see the Spanish authorities taking sanitary measures which no other nation on this coast has thought proper to attempt, I regret that we are not following, however humbly, in their steps. An English sanitary station in the Camaroon mountains was proposed a score of years ago. Nothing has yet been done for the preservation of health and life. We have lately lost during one month on the Brass river six whites out of a total of sixty. Lagos, the European population of which does not exceed seventy, has disposed of eight men in a single fortnight. Cape Coast Castle, not to be beaten, kills in two months, besides two staff officers, all the officers of a single corps (4th West India Regiment). So that it is not in all things good to be an Englishman."

It ought to be though, and the sooner this becomes true on the West Coast of Africa the better will it be for our reputation.

WE are in a position to state the opinion which has been given by Sir ROUNDELL PALMER, Sir R. P. COLLIER, and Mr. VAUGHAN HAWKINS upon the right to register the Irish licences in midwifery, raised for their consideration by the resolutions of the General Medical Council at their last session. We have referred to the correspondence on the subject between the authorities of the King and Queen's College of Physicians of Ireland, the Home Secretary, and the President of the Medical Council. The general bearings of the question will, therefore, be known to our readers, and no long recapitulation will be necessary. It was desired to know whether these licences of the three Irish corporations were to be entered on the Register distinctively as licences in midwifery, seeing that (except as regards the College of Surgeons of London) such licences do not expressly appear in Schedule A. The opinion of counsel is decidedly affirmative, and goes to the extent that such licentiates in midwifery are licentiates of the bodies named in the sense of Schedule A of the Medical Act; and that, inasmuch as they may hold this licence with or without the general licence of the body, they are entitled to be registered distinctively as licentiates in midwifery. Thus, whatever may be the justice of the case as regards the whole profession, this is the law of which the particular corporations are entitled to claim the benefit for themselves.

It, of course, then only remained to the Executive Committee, after receiving this opinion, to communicate it to the authorities of the Colleges named, and proceed to act upon the resolution of the General Council of the 5th of May, "That, whereas the Commissioners for administering the Laws for the Relief of the Poor in Ireland require a licence in midwifery from candidates for employment under them, the Medical Council requests the President to communicate with the Home Secretary, for the purpose of inducing him to request the Commissioners to receive the certificates of all the bodies in Schedule A to the Medical Act examining in Midwifery, thereby carrying out the reciprocity in practice which it was one object of the Medical Act to secure."

We mentioned last week that Dr. BURROWS, President, with Dr. FRANCIS HAWKINS, Registrar, had an interview with the Home Secretary on this subject, and we believe that, after being made acquainted with the circumstances of the case, the Home Secretary stated that if a written communication were addressed to him detailing the facts and expressing the wishes of the Council he would place it before the Irish Government. The special requirement of the Irish Poor-law Commissioners is obviously fraught with injustice, and contrary to the general interests of the profession, and the spirit and object of the Medical Act.

IT will be remembered that, by a resolution of the General Medical Council, the Registrar was desired to convey to the Director-General of the Army Medical Department the request of the Council to be furnished annually with information on the following points, namely:—

"*a.* The total number of candidates for Medical Commissions who have presented themselves for examination.

"*b.* The number of those who passed, and of those who did not pass, the examinations of the Board, distinguishing the number of successful and unsuccessful candidates under the respective heads of the several licensing bodies mentioned in Schedule A to the Medical Act, and specifying their qualifications, medical and surgical, and whether they had failed in Medicine or Surgery.

"*c.* The general nature and scope of the examination conducted by the Board, together with a list of the questions proposed by the Examiners."

We understand that Lord DE GREY has acceded to the wish of the Council, and that Dr. GIBSON, in conveying his assent, has desired to be informed from what date the information is required. The Executive Committee of the Council have, we believe, only requested that the general returns so promised might be made to date from the commencement of the present year. This, we think, much to be regretted. A

return of this kind, dated from the commencement of the examinations to the present time, would be of the greatest value, and considerable importance would attach to it. As the Council have not asked for it, we hope that it will be procured through the House of Commons by an independent member moving for a return.

Medical Annotations.

"Ne quid nimis."

THE CASE OF THE MEDICAL OFFICERS OF THE ARMY.

AN important pamphlet has this week issued from the press, in which the case of the medical officers of the army is fairly stated in a letter to the Secretary of State for War.* It is from the pen of a retired Deputy Inspector-General of Hospitals, who writes upon his shield:

"Inveni portum; spes et fortuna valete,
Nil mihi vobiscum, ludite nunc alios."

His haven is found; his personal interests are removed from his former sphere of activity and experience; and he writes with the sole desire, beyond suspicion, of helping to have "an indispensable branch of the public service—at present rapidly becoming disorganized—restored to a state of efficiency." The present state of affairs is fully and frankly stated: the loss of confidence in the schools, and the dissatisfaction in the department. The writer truly states, that the Warrant of October, 1858, gave equal satisfaction in the medical department of the army and the civil ranks of the profession: "The Queen's Warrant of October, 1858, bearing the signature of General Peel, was hardly promulgated ere that long series of attacks commenced—some open, some covert—which never ceased until the very name of it became offensive to the ears of those for whose benefit it was intended." The Warrant of 1858 remains, in 1864, a dead letter in India, where nearly one-half of the British army is constantly serving. All that was valuable in Clause 17 of the Warrant "was either shamelessly abrogated or disingenuously explained away, either by circulars issued in the name of the highest military authority, or by orders in answer to references by generals commanding in all parts of the world. I regret to say that the civil administration of the army was not a whit behind the military in putting unfavourable interpretations and strained meanings on very plain passages. I have no patience to dwell on the small slights and petty affronts to which military surgeons were, as it would appear, in the mere wantonness of military authority, subjected;—how surgeons coming mounted to parade, as they were entitled according to their rank to do, if that rank was anything but a delusion and a snare, were ordered, in the face of whole brigades, to dismount;—how the right of surgeons to contribute to mess and band funds as field officers was graciously conceded, while their right to the place due to the same rank on social occasions of ceremony was by the decision of a general officer politely denied."

The growing discontent and distrust thus induced have brought military medical commissions to such a discount that 200 vacancies exist now in the general and Indian services. The scarcity of medical officers is such that the service, even at this time of profound peace, can hardly be carried on. The one famous remedy adopted is well known: medical men have been invited by advertisement to come forward, *without examination*, to act as army assistant-surgeons for home service on 10*s.* a day. Is this a measure likely to restore popularity to the service? "Gentlemen are invited to enter the service by one door,—let me for distinction's sake call it the front door. The conditions are, a strict examination, followed by a course of hard study and strict discipline at the Military Medical School of Netley; the reward, when all this is done, being 10*s.* a day, *unlimited foreign* service in every climate, with the good faith and treatment I have ventured to describe; while the same pay, with *home* service, are to be had without examination or disagreeable questions asked,—entry by the back door in Whitehall-yard."

The class of men likely to be so obtained is obvious enough, especially after the grave disclosures which it became recently the duty of Dr. Parkes to make at the Medical Council in defence of examinations in his department. It is a very significant fact also, that, out of the alleged overflow of candidates, we are only aware of three such appointments having yet been made: one at Winchester, and two elsewhere.

This writer concludes by asking, What are the remedies for these evils? His answer is entirely accordant with all that we have urged and suggested, and thoroughly agrees with the wishes of the moderate party in the service, as we can aver from a now long and extensive correspondence from medical officers of all ranks and in all parts of the world. We cannot refuse ourselves the pleasure of quoting them, with the expression of complete approval.

"Let, then, the Warrant of October, 1858, and Clause 17 in particular, be restored in all its integrity.

"Let such pressure be put on the India Office by her Majesty's Government as shall insure the extension of the Warrant in its integrity to India.

"Make retirement optional on a fair pension after twenty years. The nature of the military medical service is so trying to health that many after that time, for the most part spent in unhealthy climates, are incapable, without much risk and suffering, of further duty.

"Make retirement at twenty-five years also a matter of right, at the full rate of pension for this period of service.

"Let a few simple alterations in the dress of medical officers be made, so that, while there will be no difficulty in recognising them as members of the medical staff, what is offensive in the details of the present dress may be done away with.

"Let the pay of medical officers, beginning say at 12*s.* 6*d.* per diem, increase in some regular progression at stated periods until the rank of surgeon-major is attained, with the present pay of 25*s.* a day.

"Finally, let assistant-surgeons be promoted at the end of ten years' full-pay service.

"These measures will keep hope and energy alive in the service, banish discontent, restore confidence in the schools, and promote the highest interests of the public service."

This is a temperate, able, and exact statement of the case. We hope that it will fall under the attention of the authorities, and be brought largely to the notice of the members of the House of Commons. For while it is firm and independent in tone, it is free from exaggeration, and suggests only that which is practical, and will alike be acceptable to the medical profession and serviceable to the best interests of the army.

* London: Charles Griffin and Co.

MEDICAL EVIDENCE.

THE frequent occurrence of railway accidents induces us to direct attention to certain responsibilities which are thereby imposed upon members of the medical profession. It is a fact of common experience, that the injuries received under such circumstances require for their diagnosis and prognosis the utmost deliberation and care. Shocks to the nervous centres seldom afford any immediate prominent evidence of organic lesion, unless accompanied by mechanical displacements. Their secondary consequences are those most to be apprehended. It not unfrequently happens that a period of apparently perfectly good health intervenes between the exposure to that violence to which the injury is due and the manifestation of its symptoms. This interval may prove embarrassing to the most experienced medical practitioner. It does so especially when a superficial examination has been made in the first instance, and the attendant fails to discover that which the sufferer, it

may be, omits to state—the earliest indications of severe and deep-seated injury to the nervous system. Under such circumstances, when time has fully developed the true nature of the occurrence, the question of compensation sometimes resolves itself into a conflict of medical testimony, in which one opinion is pitted against another, and the jury becomes bewildered between the positive assertions of competent medical authorities, who, without any intention to mislead the Court, view the same condition from very different points of view. It has occurred that large damages have been given for trivial injuries that seemed important because immediately apparent; and on the other hand, the most inadequate recompense has been awarded for what, though appearing insignificant, has subsequently proved to have been a fatal shock. This is a matter of common knowledge, and may be fairly considered as an argument in support of the proposition, that in every instance of mechanical injury it is the duty of the medical practitioner called in for attendance to remember that the case may possibly become one in which the reliance to be placed on medicine as a science may be put to the proof, and the claims of the sufferer be submitted to the arbitration of the law. Under such circumstances it is manifestly the duty of the physician or surgeon to take a perfectly dispassionate and unbiased view of the sufferer's condition. Above all things it is proper that he abstain from expressing partisan opinions, and at the same time that he be careful not to exceed his proper prerogative—the diagnosis and the treatment of disease. Were this principle universally adopted, the profession and the public alike would be spared those exhibitions of scientific men, of competent authority, setting themselves as it were in direct antagonism to each other. As the services of the medical profession are limited to no rank, so should their opinions be influenced by no other considerations than those suggested by the state of the patient. The moral responsibility of medical practitioners cannot be too highly estimated. The criminal justice of the country is frequently dependent on their decision. The validity of wills and the transmission of property may rest in the jury's estimate of their judgment. The character and reputation of many families may be vindicated or irretrievably injured, as has lately been witnessed in the Divorce Court, according to the medical estimate of special facts. These are but illustrations of the necessity of the exercise of the soundest discretion on the part of everyone called on to form a medical or surgical opinion. At no time is its importance to be lightly esteemed. Need we then say that a perfect independence is specially requisite where it is known that conflicting interests may require such an opinion to be subsequently expressed in courts of law. Medical men must, for the perfect truthfulness of their professional opinions, be always above suspicion. In this view we are certain that we express the feelings of the profession. Railway companies, for their self-protection, have in some instances deemed it advisable to retain the services of medical men who habitually visit on their behalf those sufferers who notify to them injuries received. There is certainly on such occasions no inclination on the part of the public to underrate their sufferings or undervalue their claims. It may be that the medical attendant in the habit of witnessing cases of alleged injury becomes impressed with the belief that impositions are frequently attempted, and so regards with suspicion statements advanced. This is but an additional argument for the exercise of the strictest impartiality on his part, and the closest attention to those observances which professional etiquette prescribes. We venture to suggest that in every case where it becomes requisite on the part of a public company to examine an individual likely to advance a claim against it, the medical practitioner to whom the duty is entrusted make it an imperative rule that the previous attendant be present, and that in no case should he permit himself to be made the medium of arbitration in a matter the importance of which must be mainly dependent on the estimate that might be formed of his opinion. We forbear from entering into the discussion of any special case. We treat the question as one involving the character of the profession, and commend our suggestions to the earnest attention of our brethren, confident that they will receive from them the fullest consideration.

THE SURGEON OF THE "ALABAMA."

PUBLIC recognition of the merits of those medical practitioners who have served the cause of humanity, or died in the discharge of their duties, is unhappily rare. Ours is an undemonstrative profession. The deeds of heroic virtue performed by surgeons are not usually such as attract the public notice. The poor law surgeon or the dispensary doctor who falls a victim to some infectious disease sinks to the grave "unhonoured and unknown;" and yet, without those adventitious aids to heroic conduct which stimulate men in the hour of battle, he has exhibited as much, if not more, real courage than the soldier in the field. Even in the public service how scant is the acknowledgment of the merits of our naval and military medical officers. This has been painfully illustrated on many occasions. It must have appeared strange to every person that Captain Semmes, in his account of the late naval fight, made no mention of the conduct and fate of the gallant surgeon of the *Alabama*. But the name of David Herbert Llewellyn, as associated with that duel, places it high on the scroll of fame. That name is of more than local or personal interest: it belongs to history. We rejoice to see that *The Times* suggests a public subscription "to show England's gratitude to a man who has so nobly done his duty," and that the public press support the proposal. That this appeal will be responded to promptly and liberally there can be no doubt. Llewellyn was a man whose private life was unblemished, and whose amiable and kindly nature had endeared him to his fellow-students and his teachers. Through their agency a fitting memorial to his virtues and heroism is proposed to be placed in the hall of his *alma mater*. But surely his professional brethren throughout this kingdom are called upon to demonstrate their appreciation of such a man. Never was a more fitting occasion than the present for such a demonstration. It may not operate to induce the authorities either of the Horse Guards or of the Admiralty to do justice to a class of men whose services the country urgently requires, and which they so systematically and offensively ignore. But it will show the people of England that there is an *esprit de corps* amongst us which is roused to action on such an extraordinary occasion. That we should be behindhand in doing honour to the memory of an amiable and heroic brother would be a disgrace and a reproach. From communications which we have received from some of the most distinguished members of the profession, who have already tendered their subscription towards a memorial to Llewellyn, we feel assured that they have a deep sympathy with his fate and a full appreciation of his claims to a public recognition of his heroic conduct. We hope sufficient will be subscribed to make the Charing-cross Llewellyn Fund assume somewhat of a national importance, and that there will be a *national* memorial to the "man who so nobly did his duty."

LETTERS TESTIMONIAL.

IN connexion with the canvass now commencing for the Chair of Surgery in the University of Edinburgh, vacant by the death of the late Professor Miller, we must notice the remarkable development of the system of touting for professional testimonials of which it furnishes an example. The utmost extent of activity which is usual in getting testimonials of fitness is to solicit such documents from those to whom the candidate is personally known. It is true that a very slight amount of acquaintance often suffices, especially when the person solicited may be fairly presumed to be familiar with the scientific writ-

ings or labours of the candidate. But one of the gentlemen seeking the appointment referred to appears to outstep all the usual limits, and has forwarded a lithographed letter to a number of persons in London who have no knowledge of him whatever, and who, sooth to say, have never before heard of him, setting forth at considerable length his career and his claims, and which he thus prefaces:—

"In presenting myself to the notice of the gentlemen who compose it (the Curatorial Court of Electors) as a candidate for the appointment of Professor of Systematic Surgery, I have deemed it expedient, in accordance with common usage, to place before them the opinions of those members of the medical profession who occupy positions of distinction as to my fitness for the duties of the office to which I aspire. To enable you to form an idea of the training for such an appointment through which I have passed, I take the liberty of placing before you a succinct account of my professional career. Should you from that, or from any other source of information which I can afford you, consider yourself justified in expressing an opinion as to my fitness for the professorship, you will confer upon me a very great and life-long favour.

Then follows the enumeration. We have no hesitation in saying that this gentleman makes out a claim, and we shall be happy to hear of his success if he proves to be the best candidate; but we do strongly protest against his excessive enterprise in procuring testimonials after this fashion. It is vicious in principle, and must be delusive in result. The testimonials are based upon his own statement of what he has done; being procured by that statement, they are then to be used as independent testimonies above and beyond the statement, and to give force to it. A flood of testimonials might probably be thus obtained; but we submit that they would be of little value, and, not having the *bonâ fide* character, could not carry the weight which testimonials of more legitimate origin should have. It is an abuse of a system already stretched to the utmost verge of propriety. If testimonials are to be sought wholesale in this way, the entire system had better be abolished, for they can be of no value to the electors. And if this plan were universally adopted, the infliction on the "distinguished members of the medical profession" would be intolerable. We write in no spirit of hostility to the particular candidate who has adopted this proceeding, and who has, no doubt, acted with the purest motives, as he certainly has with the most simple-hearted candour; but we think that he has reduced testimonial-seeking *ad absurdum;* and perhaps he would render good service if his example should bring about a reaction, and destroy a system which many feel to be commonly much abused and open to grave objection.

POOR-LAW MEDICAL RELIEF.

AFTER a struggle which has lasted many years, the union surgeons of this kingdom must be content with a small instalment of their claims upon Parliament. This is embodied in the following proceedings of the Committee on Poor-law Medical Relief:—

March 8th.—"Motion made and question proposed,—'3. That there are no sufficient grounds for interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by select committees of this House in the years 1844 and 1854.

"'Many of the recommendations of those committees were subsequently carried out by the orders of the Poor-law Board, and your committee are unable to suggest any further alterations in the system of medical relief, which appears to be administered with general advantage.' The committee deliberated; whereupon motion made, and question, 'That the further consideration of this proposed resolution be adjourned,' put and agreed to.

March 11th.—"Motion made and question put,—'Your committee, upon consulting the report made by the select committee of 1854 on medical relief, find that it was recommended that poor persons should be enabled to receive medical relief as their cases may require, without being placed on the list of paupers, but that it should be left to the Boards of Guardians to decide in what cases medical relief shall be so given to persons who are not otherwise in want of or in receipt of parochial relief; and they suggest that this recommendation should be carried out.' (Sir William Miles.) The committee divided: Ayes, 5; Noes, 8.'

"Question again proposed,—'3. That there are no sufficient grounds for interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by select committees of this House in the years 1844 and 1854. The recommendations of those committees were subsequently carried out by the orders of the Poor-law Board, and your committee are unable to suggest any further alterations in the system of medical relief, which appears to be administered with general advantage.' Several amendments made. Main question, as amended, put, and agreed to. Resolved,—'That there are no sufficient grounds for materially interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by select committees of this House in the years 1844 and 1854. The recommendations of those committees were for the most part carried out by the orders of the Poor-law Board, and the system of medical relief appears to be administered with general advantage. Your committee, however, recommend that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board.'

"*Continuance in office of Paid Officers.*—The Guardians already possess the power of dismissing the inferior officers in their service; and your committee do not think it expedient to suggest that such power should be extended to the superior officers, whose duties are prescribed by the general consolidated order. It appears to your committee that if the tenure of office of the latter class of officers was altogether uncontrolled by the central authority, they would not only perform their duties less independently, but would be subject to removal from personal bias, political causes, and various other motives which ought not to be allowed to operate in deciding upon their fitness or unfitness to retain office. Your committee have, therefore, arrived at the following resolution—viz.: 'That in order to secure the due discharge of their duties by the principal officers of unions and parishes, it is, in the opinion of your committee, essential that their tenure of office should not be terminable without the concurrence of the central authority; and it is not expedient, therefore, that the power which the Guardians already possess of dismissing the subordinate officers should be farther extended.'

"*Unions and Parishes under Gilbert's Act and Local Acts.*—That it is necessary to the uniform action of the Poor-law, that the central authority should have the same powers in unions and parishes now acting under local statutes, or under the Gilbert Act, as in unions or parishes constituted under the Poor-law Amendment Act.

"*Superannuation of Paid Officers.*—That it was shown to your committee that inconvenience resulted from the continuance in office of persons, who, by reason of infirmity of body or mind, had become incapable of efficiently discharging their duties, but whose removal had been postponed from personal considerations; and your committee, therefore, recommend that a power should be conferred upon Boards of Guardians to provide at their discretion for the superannuation of certain union officers, the exercise of such power to be subject to the control of the central authority."

The indefatigable and undaunted Mr. Griffin, the Chairman of the Poor law Medical Reform Association, has issued a very able pamphlet on this subject. We regret that the calls on our space do not enable us to reproduce it. He complains, we think with great justice, of the refusal of the committee to receive his evidence. No man was more entitled to their respect and consideration. Yet they frame their report mainly upon the testimony of Mr. Cane, the Poor-law Inspector. The profession cannot be satisfied with such a report. Mr. Griffin is hopeful for the future, and thinks that there is a "good time coming" for his brethren. We shall be of that opinion when we see evidence that they are giving to him a united and spirited assistance. They have it in their power by unity and perseverance to carry out their wishes. It remains to be seen whether they are equal to the occasion.

PARLIAMENTARY BILL FOR LIMITING SYPHILITIC CONTAGION.

A FEW months since we stated the striking results of a private inquiry conducted by Government commissioners into the extent of venereal disease in the army and navy. That commission ascertained fully the immense loss to the country which resulted from the unrestricted extension of these diseases; and they were also made acquainted with the measures of prevention by which, at Malta and other military and naval stations, that extension had been checked and almost annulled. The conclusions of the commission were exceedingly timid; we thought them even illogical and contrary to the whole force of the evidence collected. Sir John Liddell, the medical director of the navy, appended an able protest, urging the adoption of energetic measures for checking this great evil; and we sketched a programme which seemed to promise some such result.

In a Bill just introduced into the House of Commons by Lord Clarence Paget, Sir John Pakington, Sir Morton Peto, and Sir James Fergusson, we observe with pleasure that this more active course is proposed to be supported by a legislative measure. The Bill has for its avowed object to make provision for preventing the spread of venereal disease at certain military and naval stations—Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, Aldershot, &c. It provides that the expenses incurred in the execution of the Act shall be defrayed by a parliamentary grant; that a medical officer of the army or navy be appointed inspector of hospitals under the Act, who shall have power to certify hospitals applying; that any prostitute believed to have venereal disease, being in any public place at the above localities for the purpose of prostitution, may be apprehended on an order of an inspector of police. Then it is to be in the power of the justice to call to his aid a medical practitioner to ascertain whether she be so diseased; and if it be proved to his satisfaction, he may order her to be taken to a certified hospital, there to remain until cured; if prior knowledge of the disease on her part be proved, she may also be imprisoned for a term not exceeding one month for a first offence. The penalty for quitting hospital without permission may also be imprisonment for a term not exceeding four months. There may also be a penalty of imprisonment for misbehaviour in hospital, and for any person knowingly permitting a prostitute having disease to resort to any house for prostitution.

It will be seen that this Act is framed on the plan of the enactments which have been tried already at various foreign stations with success. It is confined to the above-mentioned places, and there is reason, we think, to hope that its application may be productive of the best results. We congratulate the promoters of the Bill on the painstaking and courageous philanthropy which guides their conduct in initiating this important though painful legislative measure, and trust that it may be well received in the House of Commons.

"WESTWARD HO!"

A MOVEMENT is springing up amongst members of the Apothecaries' Company to obtain *ad eundem* admission to the general licence of the College of Physicians of London. We have received a number of letters on the subject, and it will be observed further on that at the last meeting of the Fellows of the College a petition was received from twenty-seven members of the Apothecaries' Company, resident at Brighton, asking to be so admitted on the payment of fees which might be fixed at a moderate sum, offering even in that case to leave the City Company altogether, throw up their licences from Blackfriars, and swear allegiance to Pall-mall. This last proposition savours of the superfluous in compliment; but, as the President remarked, it was decidedly flattering to the Physicians.

The Apothecaries' licence of itself might, perhaps, hardly be considered sufficient for the purpose of the proposed *ad eundem* admission, on the ground that it does not sufficiently certify that surgical knowledge which is required of candidates for the licence of the College of Physicians by examination; and some signs of opposition on that ground have appeared. Where, however, both the diploma of the College of Surgeons and the licence of the Apothecaries' Company are held, no such objection can be fairly raised. There is no doubt great temptation to the corporation in Pall-mall to accede to the request. There can be little doubt that a very large number of persons would desire to avail themselves of its licence on the easy terms of an *ad eundem* admission at a small fee. And the College would acquire an immense accession of strength and popularity. It would make another stride towards the headship of the profession.

MEDICAL CONTRACTS.

THE case of Lavies *v.* Franklin, reported in the last number of THE LANCET, is one which establishes the right of a practitioner to recover his fees in cases of contract. That a clear contract was made in this case there could not be the shadow of a doubt, and also that there was an unwarrantable neglect on the part of the defendant in not informing Dr. LAVIES that she had changed her mind. The judge very properly allowed full costs in the case. It would indeed be monstrous for a medical practitioner to be deprived of his fee after a contract had been made which he was ready to fulfil, and which prevented him from leaving town, and otherwise inconvenienced him. The profession are indebted to Dr. Lavies for bringing this question to an issue; it has established a principle of great value.

ROYAL COLLEGE OF PHYSICIANS.

AT a meeting of the Fellows of the Royal College of Physicians on Saturday, the 25th ult., the following gentlemen, who had previously passed the necessary examinations, were admitted Members: Dr. Charles Hilton Fagge, Dr. James Douglas Harrington, Dr. Wm. Murray, Dr. Morell Mackenzie, and Mr. Abraham Hely Hutchinson Lattey.

A petition signed by twenty-nine Licentiates of the Apothecaries' Company resident at Brighton was presented, praying that the College would grant their licence to them on payment of a small fee sufficient to cover or defray the necessary expenses, and without any examination, and promising, if required, to give up the licence of the Hall. The President remarked that, whatever views the Fellows might entertain with regard to the petition, it was worded in a very respectful manner towards the College, and he proposed that the matter be referred to the Council. This was unanimously agreed to.

A proposal made through the President to form a collection of photographs of the Fellows was favourably received, and before the termination of the meeting several contributions towards such a collection were handed in.

The annual reports of the Library Committee and of the Curators of the Museum were read. Exclusive of periodicals, 231 volumes had been added to the library during the past year, including 68 volumes presented by the President and 56 by Dr. Latham. A catalogue of the library had also been prepared with great care, which would be of much service to the Fellows.

The College then proceeded to the election of office-bearers and examiners, and the following gentlemen were elected:—Censors: Dr. P. Black, Dr. West, Dr. Handfield Jones, Dr. Basham. Treasurer: Dr. Alderson. Registrar: Dr. Pitman. Examiners: (on the subjects of general education,) Dr. Francis Hawkins, Dr. Spurgin, Dr. Henry Thompson; (on the subjects of professional education,) Anatomy and Physiology, Dr. Markham and Dr. Kirkes; Materia Medica, Chemistry, &c., Dr. Owen Rees and Dr. Odling; Principles and Practice of Medicine, Dr. Barker and Dr. Risdon Bennett; Principles and

Practice of Surgery, Mr. Le Gros Clark and Mr. De Morgan; Midwifery and Diseases peculiar to Women, Dr. Arthur Farre and Dr. Robert Barnes. Librarian: Dr. Munk. Curators of the Museum: Dr. Alderson, Dr. Hamilton Roe, Dr. W. Wegg, and Dr. Sibson.

The following five members, who had been nominated by the Council, were afterwards elected Fellows of the College: Dr. James E. Pollock, Dr. W. Wood, Dr. W. O. Priestley, Dr. G. Harley, and Dr. R. Dundas Thomson. Considerable discussion took place on the present mode of electing Fellows, which resulted in a notice of motion that the College should take into consideration whether the present mode of election be not susceptible of amendment.

THE OVERGROWTH OF OUR PUBLIC LUNATIC ASYLUMS.*

A PROMINENT and painful feature in the Reports of these different county asylums is the general outcry for an increase of accommodation. Although it is not yet satisfactorily proved that there is a positive increase in the annual production of lunacy, it is certain that each asylum in its turn becomes unequal to the wants of the county. New buildings are nearly completed, we are told, at the Sussex Asylum; additions have been made to the Wilts Asylum, by which accommodation for 80 more females has been obtained, but the male side is still full; at the Essex Asylum new buildings to contain 75 inmates have been opened during the year; estimates have been approved for increasing the Joint Counties Asylum to the extent of 100 more males, and 120 females; the Commissioners in Lunacy urge upon the Visiting Justices of Colney Hatch Asylum the necessity of considering at the earliest period the question of the best mode of providing additional accommodation; and the Committee of the Cumberland and Westmoreland Asylum regret to say "that they are not able to provide sufficient accommodation," and that "unless some provision be made for the care of chronic and incurable cases," they will have to enlarge the asylum. The question as to what is to be done with our pauper lunatics is thus assuming great importance. Are the existing county asylums to be enlarged time after time until they become as monstrous and unmanageable as the metropolitan ones are? Colney Hatch already contains 1930 patients, and is too large for successful management by the most willing and attentive officers. We are glad to see that the Committee of Visitors have recognised this, and "are not prepared to advise the Court of Quarter Sessions that it would be expedient to enlarge the asylum any further."

With the object of relieving the county asylum, the "Lunacy Acts Amendment Act of 1862" provided that chronic diseases might, with the approval of the Commissioners and of the President of the Poor-law Board, be removed to workhouses "in which adequate accommodation and care and attendance can be ensured." But as the Commissioners—as stated in their last Report—are of opinion that "the general construction and arrangement of workhouses render them altogether unsuitable for the accommodation and treatment of insane patients," and require, therefore, as indispensable conditions of their consent, that such arrangements should be made as would convert a part of the workhouse into a counterpart of the asylum, it is plain that guardians have nothing to gain in the way of economy by taking lunatics from the asylum, while they would gain a great increase of responsibility and trouble. The consequence has been that scarcely any use has been made of the Act, and the enlargement of one asylum after another throughout the country continues a necessity.

The usual and the cheapest mode of enlarging the asylum seems to be by adding new buildings to it at any convenient corner, or by raising it a storey where that is possible. This can generally be done at a cost of from £35 to £50 per patient; but there comes a time, even in the case of a metropolitan asylum, when it can go on no longer. It is generally admitted, too, that an asylum, to be well managed, must not contain more than 800 patients. A second mode of extension, which obviates the necessity of a new asylum, is by separate buildings containing large rooms, and adapted for the convalescing and quieter patients who are capable of being employed and are fit to sleep in dormitories. This plan has been adopted at the Essex Asylum, where three blocks, connected by covered corridors, furnish accommodation for 75 patients. The Commissioners in Lunacy, we observe, speak highly of the comfort of these blocks; but they say nothing of the cost of them. On referring to the building account in the Essex Report, we find that the total cost of them is put down at £8905 19s. 5d., which is actually all but £120 per patient. Probably the sum would rise still higher if all incidental extras were included in it; but as it stands, it is extravagant enough to suggest a reflection as to whether there is to be a limit to the amount of money which may be spent on a pauper lunatic. Such lavish expenditure appears as unnecessary as it is inexplicable; for at the Devon Asylum excellent accommodation was provided in a detached building, by Dr. Bucknill, for a hundred patients, at a cost of £3800, or £38 per patient. If all the ratepayers were county magistrates, not a word need be said even if it were determined to build a pauper asylum of marble; but while many of them have a hard struggle for existence, there is perhaps more to praise in the just and considerate economy of Devon than in the apparent extravagance of Essex.

A third proposed plan of extending the provision for the insane, which has received great attention and been much discussed of late, is to place such of them as are suitable in cottages in the neighbourhood of the asylum—a system which when carried out on a large scale is known as the "Gheel system," or the "colonization of the insane." It has recently been determined at Lyons in France to place 100 insane in this way as boarders in the families of peasants; and one third of the pauper lunatics of Scotland are now living in private houses at a cost of 5¾*d.* a day, or 3*s.* 4¼*d.* a week each, while it appears that the cost of each patient in the English asylums varies from 7*s.* 8¼*d.* per week at the Wilts, to 9*s.* 5¾*d.* at the Essex. At Gheel there are 800 patients treated under this family system, the principle there adopted being that as a rule the insane need not be sequestrated. With a fundamental principle so doubtful, it is no wonder that the Gheel system is not a great success. In the first place, cases that are known to be dangerous or otherwise unsuitable are not sent there; in the second place, as appears from a report by Dr. Weidemeister to the Hanoverian Minister of the Interior, as many as 68 patients constantly wear long iron chains to their feet, or restraint-girdles to which their hands are fastened; in the third place, it has been found necessary to build at Gheel what is called an infirmary, but what is really a central asylum for 50 patients, and which contains the disproportionate number of 18 strong seclusion cells; and lastly, while a large number escape from Gheel and are never recovered, as many as half of those who are admitted each year die. There can be no doubt that the right principle to begin with is that the insane must be sequestrated, and exceptions may afterwards be made of particular cases. It certainly is not necessary to sequestrate all the insane: many of the Chancery patients are living in private houses with the best results as regards comfort; and the Superintendent of the Joint Counties Asylum says in his report that he has provided for 12 men at the farm, where "the degree of domestic comfort and liberty they enjoy is very pleasing." There are a large number of women, at least 40, he says, who might be so accommodated with advantage. The Superintendent of the Cumberland Asylum has carefully classified his patients (225) with reference to the kind of treatment under which they might be placed; and he finds that there are 16 who are fit to be in cottages or under family treatment, 72 who are fit to be in a detached building of an inexpensive character, and that 137 remain who require ordinary asylum accommodation.

It is evident that the question of further provision for the pauper insane requires fundamental consideration. The Commissioners in Lunacy, on finding an asylum full, urge the necessity of increased accommodation; and the magistrates, after avoiding the expense as long as they can, usually make the necessary increase at as little cost as possible. Meanwhile there are more than 8000 lunatics in the different workhouses of England and Wales, who, if the opinion of the Commissioners as to the accommodation in such places be right, must

* Fifth Annual Report of the Sussex County Asylum for 1863.
Thirteenth Annual Report of the Wilts County Asylum for 1863.
Eleventh Annual Report of the Joint Lunatic Asylum at Abergavenny for 1863.
Second Annual Report of the Cumberland and Westmoreland Asylum for 1863.
Annual Report of the Essex County Asylum for 1863.
Annual Report of the Norfolk Lunatic Asylum for 1863.

be improperly treated; and no one knows how many single patients may be pining in solitude and filth, as the poor man at Flushing was whose case recently excited such horror. The account lately given of the state of lunacy in Scotland proved how miserable was the condition of single patients there before the Commissioners began their supervision; but it is not the duty of the English Commissioners to visit those pauper lunatics who are living in private houses, and accordingly there is no guarantee that they are being properly treated. Some observations in the Report of the Abergavenny Asylum indicate what is the condition of things in the distant counties of England and Wales. A question arose whether insanity was as common in Radnorshire as in the other counties which send their insane to that asylum, because the number of patients sent from that county was much smaller in proportion to the population than from the other counties. Dr. McCullough found, on examining into the matter, that those who were sent from Radnorshire were of a particular class—namely, such as, from their excitement, their attempts to commit suicide, or other causes, were least manageable at home or in the workhouse. There was not one case of imbecility, or of those milder kinds of mental disease which form a considerable proportion of the general admissions. Where, then, are those cases which are not so violent as to be unmanageable? and who is responsible for their proper treatment? Only a few days ago a lunatic murdered his brother in a Welsh county; and it was stated that the relieving officer had been urgently asked to remove the man previously, because he was not safe, but had refused. Certainly it seems very desirable that a regular system of supervision, not only of the insane in workhouses, but also of pauper lunatics in private houses, should be established. If that were done, it might then be well to allow those patients who are fit for cottage treatment to live out of the asylum under proper care; thus to permit them all the comfort and liberty which their state will admit of, and to relieve the overcrowded asylums.

THE OPERATION OF LITHOTOMY.

WE have been requested to publish the following correspondence on the above subject:—

Newcastle-on-Tyne, March 7th, 1864.

MY DEAR SIR,—Since our correspondence upon the subject of hæmorrhage after lithotomy, I have been led—partly by your observations, and partly by having to operate upon a perineum not easily exposed—to adopt a new mode of making the external incision, which answered so well that I have continued the same ever since with unvaried success.

E. H——, aged thirty-nine, from Richmond, presented himself at the Newcastle Infirmary. His bladder contained a large phosphatic calculus, and his left femur was anchylosed to the pelvis, so that only the right femur could be bent up. The space for operation was very limited; in consequence of which I passed the scalpel into the median line of the perineum, a little more than an inch above the anus, the flat side of the blade to the rectum, the cutting edge to my own right; and, after penetrating an inch towards the prostate gland, commenced an incision, at first transverse, but gradually curving, and becoming less deep towards its termination past the tuberosity of the ischium—the incision thus describing an eighth of a circle, the concave side of which faced the rectum. The left forefinger immediately recognised the membranous part of the urethra further back than usual, when it was opened close to the prostate gland, and the knife passed into the bladder so as to notch the prostate. The introduction of the finger and the forceps into the bladder was much easier than usual, and the stone was extracted. Although this man was warned of the danger of neglecting his prescription of the mineral acids, he failed to persevere in their use, and came back in little more than twelve months with another stone. The same operation was repeated with the same success.

Since this second operation, now several months, I have operated in no other way, but have been well satisfied that I had discovered a mode of improving an operation thought to have already been brought to perfection. In this hospital I have cut seven in this new mode; and in private practice one case unusually formidable, the man having had a paralytic seizure five years previously, and a long persistence of symptoms indicating an unhealthy state of the kidneys. He is sixty-one years of age, and is doing well.

This mode of performing lithotomy has the following advantages:—

1. The rectum is safely guarded.
2. There is an opportunity of reaching more easily the posterior part of the urethra with the left forefinger.
3. The groove of the staff is reached close to the prostate gland.
4. The left forefinger of the operator and the forceps enter the bladder easily.
5. The bladder is opened by *two incisions*, and without any dissection.
6. So far as my experience has yet gone, this operation is followed by less hæmorrhage, either at the time of operation or afterwards.

After having practised lithotomy for forty years, I am now only surprised that this mode of operating has not been sooner adopted. I am, my dear Sir, yours truly,

T. P. Teale, Esq., Surgeon, Leeds. JOHN FIFE.

Leeds, March 31st, 1864.

DEAR SIR JOHN,—Pray accept my best thanks for being allowed the perusal of your paper on Lithotomy, which, in compliance with your request, I sent to THE LANCET for publication. I congratulate you on your success, which is very gratifying.

Your external incision is, I believe, excellent; it is, indeed, the same as I have always employed in the lateral operations for stone. I begin the external incision at the raphé, an inch or a little more above the anus, by a deep plunge of the knife (the blade directed obliquely towards the ramus of the pubes), reaching, as near as I can calculate, to the membranous portion of the urethra, where it passes through the triangular ligament; the incision is then continued downwards in a slightly curving direction, midway between the tuberosity of the ischium and the anus, becoming gradually more superficial as it descends, and ending about an inch and a half, or even more, below the level of the anus and tuberosity. My colleague Mr. Smith always adopts a similar incision, except that he begins it, not actually at the raphé, but very near to it.

The operation which I have of late adopted consists of the following steps:—

1. The lateral external incision, as described above.
2. Incision of the membranous part of the urethra as far as the apex of the prostate, care being taken to notch rather freely the triangular ligament.
3. *Dilatation* of the prostate, as in Allarton's operation.

To these steps I have during the last month added the following—namely:

4. The introduction of a catheter through the penis into the bladder, and fixing of it by tapes and adhesive straps round the penis, as in the operation of perineal section; the catheter being withdrawn at the end of forty-eight hours.

This last proceeding may have been adopted by others, but as far as I know it is new. The operation conducted according to these stages is reduced to little more than perineal section.

A few years ago I frequently performed the median operation in the manner of Allarton; but having found in a case of my own, and seen in that of another surgeon, in which the stone was placed near the pubes, great difficulty in bringing the forceps to bear on the stone, I subsequently adopted the lateral incision, and proceeded to dilate the prostate as in Allarton's operation. In this way I was able to retain the highly valuable part of Allarton's—namely, the avoidance of a deep cut in the prostate,—and at the same time to have an outward incision, which allowed the more free handling of the forceps.

During the present month I have operated in this manner in the following two cases, and have made use of the catheter in both.

CASE 1.—March 11th, 1864: A man aged sixty-five; deep perineum; uric acid stone, weighing six drachms; catheter removed in forty-eight hours. On the afternoon of the removal of the catheter, urine passed with some freedom by the urethra, and there was some discharge of it along the wound. On the fourth day the urine passed entirely by the urethra, at intervals, and with some force. For a few days afterwards he suffered from well-marked pleuro-pneumony of the right side, attended with harassing cough, which forced away a little urine by the wound. On the twelfth day all dribbling by the wound had ceased. He is now, on the twentieth day, convalescent. He has never since the operation suffered any uneasiness in the pelvis or abdomen.

CASE 2.—A man aged thirty-one, in a state of chronic mania, suffering severely from stone in the bladder, was sent into the infirmary to be relieved of the stone, and on recovery to be

sent to the county asylum. On the 19th of March an oxalate of lime stone weighing three ounces was removed. The catheter was allowed to remain for fifty-four hours. In the evening, after removal of the catheter, he passed urine freely by the urethra, with very slight dribbling at the wound. He became more tranquil in mind. On the third day there was scarcely any dribbling by the wound. He then became unruly, and even violent, and frequently got out of bed; the urine then came more freely by the wound; and for a few days he has now (on the twelfth day) passed most of the urine by the wound. He is maniacal, being constantly talking and moving about, but has not suffered in the slightest degree from mischief in the pelvis or abdomen.

I may, in conclusion, remark that in neither of these cases have I had the slightest anxiety so far as the effects of the operation were concerned.

I remain, dear Sir John, yours very sincerely,

To Sir John Fife. THOMAS P. TEALE.

LONDON ASSOCIATION OF THE GRADUATES OF THE UNIVERSITY OF EDINBURGH.

AT a meeting held at 17, Manchester-square, Sir David Brewster in the chair, and present Drs. C. J. B. Williams, Sieveking, Chowne, Gavin Milroy, Tweedie, Peacock, Markham, Harley, Priestley, Cobbold, Joseph Williams, Scott Alison, Graham Balfour, Murchison, Barclay, Burdon Sanderson, Hardie Aldershott, Robert Fowler, and others, it was resolved to establish an Association of the Graduates of the University of Edinburgh in London. Letters were read expressive of assent and promising support from Dr. Roget, Dr. Alleyne, Dr. G. C. Child, Dr. Robert Dickson, Dr. Grant, &c. The objects of the Association will be in the first instance to promote fellowship and good feeling among the graduates resident in the metropolis, and, *ex necessitate*, to hold an annual dinner. Dr. Christison, Mr. Syme, and other of the Edinburgh professors, gave cordial support to the movement. There is in Edinburgh a University club for graduates of other Universities, and although it may be thought that few Englishmen are likely to seek their fortunes northward of the Tweed, yet even in the University staff we meet the names of Laycock, Hughes Bennett, and Lyon Playfair, all Southerners; to whom may, perhaps, presently be added Mr. Lister, who, although Scotch by adoption, is English by birth and education. The University of Edinburgh does at present some practical injustice to the London schools by making preferential distinctions of certain places from among those recognised by the English licensing boards, from which they all receive certificates of attendance, while from the others they will not. This is contrary to the theory and reciprocity on which the Medical Act is based, and of which the Edinburgh representatives in the Medical Council are properly the warm advocates. We commend the matter to the attention of the new Association as one which will fall naturally within their sphere of usefulness. Sir David Brewster will be the President; and the committee nominated are Drs. Chowne, Barclay, Balfour, Markham, Sanderson, Sieveking, Joseph Williams, and Murchison (Hon. Sec.)

Correspondence.

"Audi alteram partem."

PROSPECTIVE REFORM OF THE COLLEGE OF SURGEONS OF ENGLAND: IMPERFECT CONCERT AMONGST THE FELLOWS.

To the Editor of THE LANCET.

SIR,—The time has arrived when the majority of the Fellows of the College of Surgeons, who wish to improve the relations of the governing Council with the constituency of the institution, are to exercise the only function entrusted to them by the Legislature—namely, the election of members of Council to fill the seats rendered vacant by rotation or death.

This duty, if honestly and judiciously performed, is a power quite sufficient to purge the College of all existing abuses, and our immediate care should be to replace the incorrigible retiring councillors by men pledged to a thorough reform of the corporation.

In order to carry this point, each candidate for election to the Council should be required to make a declaration of his principles; for how are we to ascertain that these applicants are not wolves in sheep's clothing unless we make them *bleat*? A great embarrassment to the conscientious elector arises from the absurd etiquette hitherto observed by candidates in keeping a strict silence as to their opinions and sentiments regarding the government of the College. Ministers of State of historical eminence, such as Burke, Pitt, Fox, Canning, Peel, and Palmerston, have habitually sought occasions of addressing to their constituents elaborate explanations of their policy and measures; but our more dignified votaries for collegiate honours disdain to admit into their confidence their social and scientific equals—the Fellows—whose votes they solicit in dumb show! Last year, being ignorant of the opinions of the majority of the candidates, who had not condescended to enlighten us, I was obliged to plump for Mr. Hancock, whom only I knew to be *thorough* in his views of College reform.

An obviously indispensable preliminary to the successful issue of the undertaking embraced by the reforming Fellows is a perfect accordance in the principles of the *thorough* renovation which they contemplate. This coincidence of views may be obtained by a little inquiry into the constitution of the various industrial guilds—corporations closely analogous in their nature to the College of Surgeons—which flourish as well in these kingdoms as on the continent.

In every instance the scope of these institutions has included and is limited by *three* purposes. 1st. The preservation and improvement of the particular craft or art which the members exercise. 2nd. The social and economic protection of the constituency against the aggression of privileged bodies, against the tyranny of arbitrary and egotistical functionaries, and against the neglect and oppression of a supine or supercilious government. 3rd. The third purpose has been, and almost invariably is, a charitable care of the impoverished and decayed members. These three duties exhaust the entire theory of municipal polity, and their fulfilment in regard to the commonalty of surgeons was clearly contemplated and intended by the original charter of Edward IV.

We may now ask how have these several aims of education, protection, and alms been attempted or accomplished by the rulers of our College? Each of your readers can readily supply the answers. 1. Whatever facilities the College affords for the improvement and diffusion of the art and science of surgery are entirely due to the "pressure from without," in fact to the animadversions of a fearless medical press. It is only since Mr. Wakley founded THE LANCET, forty years ago, that a full and well-selected library has been thrown open to the members; that a minute and an accurate catalogue of the Museum has been printed; and that more frequent and highly scientific lectures have been delivered in the theatre. I cheerfully acknowledge these benefits, and the great courtesy and attention bestowed upon the visitors by the attendants and librarians. In truth, there reigns about the whole establishment an academic order and quietude highly favourable to silent study. Truly this is a happy result, but of how much animadversion and persevering denunciation! In regard to the management of the Museum, I believe that an addition to the number of curators would both tend to the security of the preparations and facilitate the inquiries of the students.

This is not the time to comment upon the plethoric curriculum prescribed by the Court of Examiners. Its fitness to the end proposed—to augment the practical efficiency of the surgeon—I leave to be determined by the controversy between Mr. Syme and his opponents, the advocates of universal smattering.

2. Admitting, however, that the governing heads of our College have under the pressure of public opinion done something towards the promotion of science, can they adduce any service they have ever performed in advancing the social and economic welfare of the commonalty? Have they ever shielded our luckless brethren of the army and navy from the oppressive and insulting "martinetism" of the Horse Guards or the Board of Admiralty? Have they ever interposed between our oppressed parochial surgeons and the arbitrary exactions of penurious Boards of Guardians and the Poor-law Commissioners? or have they in any case remonstrated against the impolitic retrenchments of the Treasury in suppressing the few lucrative posts reserved as rewards for eminent public professional services? Pshaw! the very questions would make our complacent College rulers stare with astonishment! What

madness, to think that such obvious duties should "come between the wind and their nobility!"

3. However amiable personally the members of the Court of Examiners and of the Council may be, anything, in their municipal capacity, like a charitable feeling towards their broken-down brethren could not be entertained. The satisfaction with which they empty half the income of the College into their own pockets would not bear the near proximity of such a sentiment. Happily, however, the noble enterprise of Mr. Propert has rendered the discussion of this subject at present superfluous.

Can it be a matter of surprise, then, that these sins of omission and of commission should have alienated the entire body of the College from these cold and egotistic self-elected rulers? and that our misplaced esteem and confidence have been converted into aversion and a determination to expel the offenders from the seats of authority?

The immediate object of the Fellows is to change the *personnel* of the Council; and in another year, unless the gentlemen we have elected prove false, there will be a reforming majority in that cabinet who will be one in purpose and in sentiment with the mass of Fellows and members. An early application to the Legislature can then be made by the entire College for such radical changes in its constitution as shall raise it into an effective organ of professional advancement.

Our future councillors must be prepared, therefore, to give certain pledges in favour of three measures to be finally carried out. The first and most urgent is the suppression of the Court of Examiners, the supreme source of corruption in the Council. The expectation of receiving the £400 or £500 annual bonus given to each examiner holds out a perpetual bribe to the junior councillors. The examiners, who should be the servants and not the masters of the College, should be selected from among eminent professors *not* of the Council. 2. The President of the College should be a man of scientific eminence, endowed with high administrative talents, and such force of character as would give weight to his representations in high quarters. Moreover, in the interest of the public health, this important functionary ought to be *ex officio* a member of her Majesty's Privy Council. A representative thus rarely qualified is not to be obtained by counting seriatim the ten heads of the examiners. The choice of the Fellows cannot be limited to so narrow a circle. They should be empowered to elect from the whole College the man whom they should deem most fitted to do us honour in the eyes of Europe and of our own people.

A third change, not inferior in importance to the two preceding, would be to strike off the vexatious fetters cunningly imposed on the free action of the Fellows. They should have the right of meeting and consulting in their own hall, and should regulate their own proceedings in the nomination and election of candidates. A means, for instance, might be contrived for taking the votes of absent Fellows, and thus the aid of our country colleagues would be secured.

By establishing these three *thorough* measures as tests to be applied to all candidates for collegiate honours, a complete renovation of the institution would be effected, the goodwill of the members would be rallied to our leaders, and our extensive social influence, being concentrated in the President and Council, would assume a political force that would strengthen the hands of these officials in any contest which they might undertake for the advantage of our common profession.

At present these cheerful views are but prospective. The immediate renovation of the Council is the task of the moment; and perfect concert between the Fellows is necessary to success. All thought and preparation should not be deferred to the eleventh hour. The designation of the liberal candidates should be made earlier in each year. In this way only can a systematic canvass be maintained, the desired issue ensured, and the schemes of the monopolists defeated.

I am, Sir, your most obedient servant,

Brompton, June 27th, 1864. D. O. EDWARDS.

COLLEGE OF SURGEONS: ELECTION OF COUNCILLORS.

To the Editor of THE LANCET.

SIR,—I do not find fault with you for your full and free analysis of the fitness of the different candidates to fill the office of Councillors to the Royal College of Surgeons, and I quite agree with you in opinion, that a membership of the Council is not only a post of honour, but of duty, and it was with this conviction that I consented to become a candidate for one of the vacant Councillorships. Permit me, however, to state, that in your leading article of last week you omitted a very important part of what I said from the chair, when I had the honour of presiding at the last annual dinner of the Fellows. On that occasion I pledged myself not only to attend the quarterly meetings of the Council—periods reserved, I presumed, for the consideration and disposal of *great* questions,—but that I would not fail to attend (unless prevented by urgent professional engagements) all the meetings convened for the discussion of matters of moment connected with the policy of the Council and the interests of the College.

I am, Sir, your obedient servant,

Manchester, June 27th, 1864. THOMAS TURNER, F.R.C.S.

*** We hope that Mr. Turner will be prepared to give a wide interpretation to the phrase "matters of moment." The average number of Council meetings which he will be annually called upon to attend is about twelve, besides Committee meetings. We have laboured so long and strenuously to obtain for country Fellows a full share of privileges and personal representation in the Council, that we can but wish well to the candidature of any country Fellow, and Mr. Turner personally possesses our confidence and esteem. We believe the task which he thus undertakes, of adequately representing country interests in the London Council, to be peculiarly arduous at his age, and residing at so great a distance as he does. Mr. Paget, of Leicester, has, we believe, found it necessary to attend upwards of twelve Council meetings annually. But since Mr. Turner, after the exposition of the responsibility of those duties which we have felt it desirable to give on the eve of an election, and in which he declares a full acquiescence, is desirous of the position, and does not shrink from the onerous task, we freely support his candidature. We are assured that Mr. Turner will do no less than he undertakes, and hope that he will not have overtasked himself in becoming a champion of liberal measures in the College of Surgeons under circumstances involving so great a personal sacrifice. His votes, we feel sure, will always be given on the liberal side.—ED. L.

To the Editor of THE LANCET.

SIR,—I do not know why you should think that I must *necessarily* be adverse to *all* improvement and reform. I may mention that I have voted for liberal candidates for the representation of the City of London.

I remain, Sir, your obedient servant,

Serjeant's Inn, June, 1864. A. M. M'WHINNIE, F.R.C.S.

*** We are glad to hear that Mr. M'Whinnie has voted for liberal candidates for the representation of the City of London, and that he is not *necessarily* adverse to *all* improvement and reform. It would be desirable, however, to receive something more positive than this rather cold declaration. A profession of faith so meagre will not render service to Mr. M'Whinnie; and if he be really liberal in his views on College management the profession would feel gratified in having a more explicit statement of those views in their possible and practical application.—ED. L.

To the Editor of THE LANCET.

SIR,—Several of the Fellows of the College have requested me to write to you and ask if you will kindly draw the attention of the Fellows in the provinces to the meeting convened to be held at the Freemasons' Tavern, and as advertized in THE LANCET of Saturday last.

I am, Sir, yours truly,

JOHN HATTON, Hon. Sec.

Graythwaite Lodge, Belvedere, North Kent, June, 1864.

*** Mr. Hatton has omitted to state the precise objects of the meeting.—ED. L.

To the Editor of THE LANCET.

SIR,—At the last election of the Council of the Royal College of Surgeons, the Fellows forcibly acknowledged the propriety of not re-electing Councillors who had held the appointment for a series of years. This manifestation of opinion is again likely to be jeopardized if the intention expressed by Mr. Gulliver to offer himself for re-election is adhered to. To Mr. Gulliver there is not the slightest possible objection; he is

a man of the highest honour, occupying the highest position, and in every manner perfectly qualified; and whether he is elected or not it will neither add to nor detract from his present position. But the election on the Council is no longer a personal question, and if the present members cannot or will not alter the law in compliance with the implied wishes of the Fellows, the latter must exert their privilege and secure the election of those Fellows they believe will best serve the interests of the profession. Surely, considering the large number of candidates, metropolitan and provincial, who are already merging into a green old age, and who are anxious for a seat on the Council, it is not too much to ask that after eight years' service the Councillor should retire, when, if properly qualified, he should still be eligible as an Examiner, whether on the Council or not. I do trust you will again exert your influence in preventing these constant re-elections, and that you will endeavour to secure to the Fellows a fair share in the administration of the affairs of their own College.

Yours obediently,

June, 1864. A FELLOW.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

I DO not intend to go over the details of that sad affair which brought its author to a bloody end—I mean the trial of Couty de la Pommerais. After creating immense sensation and keeping the public mind in breathless anxiety, first as to the decision of the jury, and then as to whether the penalty which had been pronounced would be commuted or not, everything ended in the execution of the unfortunate man, which took place before an immense multitude, even more boisterous perhaps than it usually is on such occasions, and as little edified as ever by the ghastly spectacle. Of course, the whole details of the drama, from the first rumour of the murder to the bloody expiation, formed the bone and sinew of all newspaper chronicling during the time it lasted. Some papers, foreign to our profession, seized the occasion to expatiate on the duties and dangers of the medical profession; but the special medical journals here very sensibly abstained in general from all reflections and commentaries on the subject, and contented themselves with presenting the bare facts to their readers. That affair has given rise to many important questions, and amongst others it has revived the discussion as to the necessity of abolishing the punishment of death. A certain number of political papers took up the theme and argued in an affirmative sense; and it is said that a petition asking for the abolition of that penalty is in circulation amongst the people, and already bears more than a hundred thousand signatures. You are aware that the well-known M. Dupin, attorney-general at the Cour de Cassation, in a lengthy discourse which he delivered when the case of La Pommerais went before that tribunal, and which has, I believe, added nothing to his reputation, attacked in the strongest terms the principle of life insurance, declaring it to be a barbarous custom, unworthy of a civilized people, and productive of the greatest evil. Such does not seem to be the general belief here; it is thought, on the contrary, that the principle of life insurance is a product of civilization, a wise and prudent measure, and a custom too deeply rooted to be overthrown by the spirited but specious argumentation of M. Dupin. The question has, however, been incidentally agitated here in the medical journals and among the profession whether it would not be more becoming the dignity of a medical practitioner to abstain from life insurance, and thus free himself *de facto* from the slightest suspicion of dishonesty and fraud. M. J. Guérin expressed that opinion in an article published in the *Gazette Médicale*. I believe that such, on the contrary, would be a very unwise feeling; and that the adoption of such a course, far from serving our dignity, would be a weakness unworthy of our profession. The very fact of entertaining such an idea is beneath our dignity. Such, I am happy to say, has been the opinion of the generality of papers which took the pains of answering M. Guérin. It is not because a La Pommerais and a Palmer have disgraced their title and abused their position that the whole medical corps, numbered by thousands, should renounce the rights and advantages which belong to all free and honest men.

During the last two months, of April and May, acute diseases of the respiratory organs still prevailed in the different hospitals of Paris, but since the beginning of this month they have steadily decreased. At the same time the eruptive fevers, and principally measles, made their appearance, particularly in the children's hospitals. There the cases of croup are now far rarer and more benign.

Scarcely had the last wreaths of smoke which ended those fiery debates on the origin and nature of vaccine vanished away into the air, at the Academy of Medicine, when that learned body again set to work, and on a subject equally exhaustless and fruitless useful. MM. Gavarret, Bouillaud, Barth, &c., are thundering in eloquent peals against the unfortunate M. Beau and his theory on the sounds of the heart. Why throw away so much eloquence, and of the best? M. Beau's theory had already fallen; it had enlisted but a few straggling followers—it cannot stand the test of any severe examination, anatomical, physiological, or pathological. Yet does he manfully keep his ground against his numerous opponents. It is impossible to show a better countenance in a worse cause. I am much afraid that after so many eloquent speeches and multiplied efforts, M. Beau's conviction will remain the same; and I am pretty sure that were it not for the *galerie*, his adversaries would have spared themselves the exertions they have made to plead a cause already judged by the public.

Professor Laugier, one of the surgeons of the Hôtel Dieu, has recently made a most important communication to the Academy of Sciences. In an operation performed on the arm, and in which the median nerve had been severed, that skilful surgeon united by a suture the two ends of the nerve. Almost immediately after signs of sensibility were observed, and in a few days more the nerve had entirely recovered all its properties of sensation and motion. I need not insist on the importance of this case, which throws such a new light on physiological pathology of the nervous system. No longer than two weeks ago, in a discussion which took place at the Society of Surgery, it was affirmed by several members that the regeneration of the nervous tubes, which alone could cause the recovery of sensibility and motility, was the work of weeks and months, and could not immediately take place. Such, also, was the opinion of M. Brown-Séquard and of MM. Vulpian and Philippeaux. These two gentlemen published last year a memoir which received academical honours, and in which they gave the relation of different experiments they had made, the result of which is entirely opposed to that recently obtained by M. Laugier. The memoir of that eminent professor, read at the Academy of Sciences, has been the scientific event of the week.

Paris, June 28th, 1864.

Parliamentary Intelligence.

HOUSE OF LORDS.

JUNE 25.

NOXIOUS VAPOURS BILL.

IN answer to a question from Lord RAVENSWORTH,

Lord STANLEY OF ALDERLEY ascribed the imperfect working of the Act for the suppression of nuisances caused by noxious vapours from certain manufactories to the short time the law had been in operation.

HOUSE OF COMMONS.

JUNE 27.

POOR-LAW RELIEF.

Mr. WARNER, asked the President of the Poor-law Board whether he would lay upon the table of the House in the present Session a Bill to carry into effect the recommendations of the Select Committee on Poor Relief.

Mr. VILLIERS said that the recommendations of that Committee had reference to matters of various kinds, and not immediately connected with each other, and it would probably be convenient to introduce several Bills to carry them into effect. He had directed the report to be sent to the different Boards of Guardians, with the view of ascertaining if there were any practical difficulties in the way of adopting some of the amendments proposed. He should shortly be in a position to inform the House what course the Government would adopt with regard to the report. At all events, he should be prepared at the earliest moment of the next Session to introduce a Bill on the subject. (Hear, hear.)

THAMES CONSERVANCY BILL.

The House went into Committee upon this Bill.

Mr. ALCOCK proposed an amendment on Clause 75, to th

effect that the provisions of the clause should not apply to the legally authorized drains in course of construction by the Local Board of Health for the district of Kingston-upon-Thames.

Mr. LOCKE objected to the insertion of the proviso, because he regarded it as legalizing a nuisance. It was of little use to attempt the cleansing of that part of the Thames which ran through London, if towns above the metropolis were to be permitted to empty their filth into the river. He thought the proposition was a monstrous one, and not founded in justice or right.

Mr. HEADLAM thought that sewers legally in course of construction should share in the same exemptions as those already made, however objectionable the discharge of sewage into the river might be.

Mr. ALCOCK thought it would be a good thing if all the towns on the Thames were forbidden to make use of the river for the purpose of sewage, but it was unfair to come upon Kingston-upon-Thames so suddenly when they had just entered into a contract which would cost them £10,000.

The House then divided, and the clause was agreed to by a majority of 36.

The remainder of the clauses were agreed to, and the Bill passed through Committee.

LUNACY (SCOTLAND) BILL.

The House went into Committee upon this Bill.

Mr. SMOLLETT objected to proceeding with the Bill at all. The Bill purported to amend an Act passed about two years ago, a sort of continuance Bill of the Lunacy Board in Scotland. This Board was constituted in 1857, and the Bill for its continuance was passed in 1862, in spite of great opposition. The present Bill ought to have been introduced at an early part of the Session, so that it might have been discussed at the county meetings. He moved that the Bill be postponed for two months.

Sir J. FERGUSSON agreed that the Board was generally regarded as objectionable in the country; but in spite of this objection he should be sorry to allow parishes to deal with their lunatics without inspection or supervision. As he understood that the Bill was only to be one of continuance, he hoped his hon. friend would withdraw his amendment.

The LORD-ADVOCATE assured the House that the Bill was merely one of continuance. He was far from saying that the machinery of the Board was perfect, but he was convinced that since the institution of the Board an end had been put to evils which were a scandal to the county, and a great and beneficent change had taken place in the management of lunatics. He did not see his way to any reconstruction of the Board at present. He felt sure that the hon. gentleman would allow that the services of the deputy inspectors were absolutely indispensable, and he did not think that £600 a year, as provided by the Bill, was too great a salary for them.

Mr. SMOLLETT would not persevere with his motion, but he thought the statement of the learned lord ought to have been made on the introduction of the Bill or on the second reading.

The clauses were then agreed to, and the Bill passed through Committee.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 23rd ult.:—

Bradley, Charles, Nottingham.
Smith, Thomas Haywood, Alcester.

The following gentleman also on the same day passed his first examination:—

Adams, Frederic William, Bristol Medical School.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—The quarterly court of this institution was holden on Monday last, at which the mayor (H. H. Harris, Esq.) proposed as an amendment, that it was desirable that the hospital should be built entirely new in preference to the present plan of rebuilding it and retaining the centre walls, &c. The cost of a new hospital, it was said, would not exceed £15,000. The Rev. J. Martin seconded the proposition, which was, however, lost. The secretary announced the receipt of £21 8s., the proceeds of a stand in front of the hospital upon the occasion of the visit of the Prince and Princess to Cambridge; also a donation of £53 from the Horticultural Society at the fête upon the same occasion. The secretary announced that the late Dr. Lærpingnell had left £100 to the hospital, to be paid upon the death of his widow.

PARLIAMENTARY GRANTS.—In Committee of Supply, on Monday last, the following sums were voted as usual by the House of Commons to medical charities in Ireland:—£2272 for Public Infirmaries, Ireland; £2600 for Westmoreland Lock Hospital; £700 for Rotunda Lying-in Hospital; £200 for Coombe Lying-in Hospital; £7600 for House of Industry Hospitals; £2500 for Cork-street Fever Hospital; £600 for Meath Hospital; £100 for St. Mark's Opthalmic Hospital; £1300 for Dr. Steevens's Hospital; and £245 for Board of Superintendence and Dublin Hospital: making a grand total of £18,117.

UNIVERSITY OF DURHAM.—At a Convocation, held on Tuesday, June 21, the following gentlemen, having been elected by the Warden and Senate to their respective offices in the Newcastle-on-Tyne College of Medicine in connexion with the University, were nominated by the Warden and approved by the House:—Dennis Embleton, M.D., hitherto Lecturer in Physiology, to be Lecturer in the practice of Medicine, with Dr. Charlton. Lecturer on Physiology, Wm. Murray, M.D. Lecturers on Practical Anatomy, Thomas Cargill Nesham, M.D., and John Watson, M.R.C.S. Lecturer on Pathological Anatomy with Dr. Gibb, G. H. Philipson, M.D. Lecturer on Botany with Mr. Thornhill, William Christopher Arnison, M.D.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.—The annual general meeting of this institution will be held at the Royal College of Physicians on Thursday, July 21. After the routine business of the Association, papers will be read by M. le Dr. Morel (Rouen), Dr. E. Toler, and Dr. Lockhart Robertson. Several gentlemen will be proposed for admission. The President for the ensuing year, Dr. Monro, will entertain the members at a conversazione at 13, Cavendish-square, on the evening of July 13.

ODONTOLOGICAL SOCIETY.—At the last meeting of the session, the President, E. Saunders, Esq., in the chair, various presentations were made to the library and the museum. Mr. Colman read a case of closure of the jaw that was successfully treated at the Dental Hospital by Mr. Cartwright. Dr. Thomas Ballard read a paper "On the constitutional ill-effects of fruitless sucking and the diagnostic value of deformed jaws in relation thereto." The adjourned discussion on the paper read at the previous meeting by Mr. Cartwright was resumed, in conjunction with that on Dr. Ballard's paper. The thanks of the Society were unanimously voted to Dr. Ballard, and the Society adjourned to November.

THE PROGRESS OF HUMANITARIAN PRINCIPLES.—The Federal Council of Switzerland have addressed an invitation to the German Confederacy to send a delegate to the International Congress, which is to be held at Genoa on August the 8th, for the object of laying down principles and concerting measures, in the interest of humanity, with reference to the better tending of the wounded on the fields of battle. The German Confederacy have appointed a special committee to report on the question.

DISPOSAL OF THE DEAD IN CALCUTTA.—We learn from the *Calcutta Englishman* "that the Government of Bengal has taken active measures with regard to the dead bodies that are thrown into the river. The police have been reminded that this duty was within their province, and that the Government would not see neglect further continued with satisfaction. It is ordered that a stop be put to the practice, and steps be immediately taken for the proper disposal of the dead."

TESTIMONIAL.—On the retirement of Dr. Coucher from the duties of Union Medical Officer of the Melcombe Regis District, the following satisfactory acknowledgment of his services was agreed upon at a meeting of the Board of Guardians held on Tuesday, June 14:—On the motion of H. C. Goodden, Esq., seconded by Mr. R. Thomas, it was unanimously resolved,—"That the thanks of the Board be given to Dr. Coucher for the kindness and attention uniformly shown by him for the past six and a half years to the poor of the parish of Melcombe Regis, and that the clerk be requested to convey the same to Dr. Coucher."—(Signed), H. C. Goodden, Chairman.

VACCINATION AT GATESHEAD.—From a report by Dr. Henry Stevens, Inspector of Public Vaccination, it appears that at Gateshead during the three years ending Sept. 30th, 1863, there had been registered in the Union 7600 births, and 5879 infant vaccinations had been performed by the public vaccinators, being 77·3 per cent. of the births.

MEDICAL VACANCIES.

Cardiff Union (Cardiff East District and the Union Workhouse)—Medical Officers.
Dorset County Lunatic Asylum—Assistant Medical Officer.
Kington Union (Pembridge District)—Medical Officer.
Stockport Infirmary—House-Surgeon

MEDICAL APPOINTMENTS.

G. P. ALBERT, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Croydon Union, Surrey.

E. C. BARNES, M.R.C.S.E., has been elected House-Surgeon to the Royal Pimlico Dispensary, Upper Belgrave-place, vice H. W. Pain, M.R.C.S.E., resigned.

J. E. CHALMERS, M.R.C.S.E., has been appointed a District Medical Officer of the Halifax Union, vice B. Utley, L.F.P. & S. Glas., resigned.

W. F. COLES, M.D., has been elected Medical Officer and Public Vaccinator for District No. 3 of the Croydon Union.

A. CRABB, M.D., has been appointed Medical Officer for the Longfleet District of the Poole Union, vice W. C. Nutt, M.R.C.S.E., resigned.

F. R. CRUISE, M.D., has been appointed Lecturer on the Theory and Practice of Medicine at the Carmichael School of Anatomy, &c., Dublin, vice R. Mayne, M.B., deceased.

A. DAVIES, M.R.C.S.E., has been elected Surgeon to the Swansea Infirmary, vice Mr. Essery, F.R.C.S.E., resigned.

A. DUKE, M.D., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Croydon Union.

H. D. ELLIS, M.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Poole Union, vice W. C. Nutt, M.R.C.S.E., resigned.

S. FARRANT, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Taunton St. James's District of the Taunton Union, vice W. R. A. Smith, M.R.C.S.E., deceased.

J. C. HARRIS, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 1 and the Workhouse of the South Stoneham Union, vice R. Bates, M.R.C.S.E., resigned.

R. D. HARRIS, M.R.C.S.E., has been elected Medical Officer for the Workhouse of the Kingston Union, Surrey, vice Abram Cox, M.D., deceased.

N. J. HAYDON, M.D., has been appointed Medical Officer and Public Vaccinator for the Islington or No. 2 District of the Newton-Abbot Union, vice J. J. Sparham, M.R.C.S.E., resigned.

L. HOLDEN, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital, has been elected Surgeon to the Foundling Hospital, vice T. Wormald, F.R.C.S., resigned.

G. T. JEPSON, M.R.C.S.E., has been elected Medical Officer for the Hampton Wick District of the Kingston Union, vice Abram Cox, M.D., deceased.

J. T. JONES, M.B., has been appointed House-Surgeon to the Infirmary and Dispensary, Loughborough, Leicestershire, vice R. W. Soper, M.R.C.S.E., resigned.

J. B. KITTSON, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Newport Dispensary District of the Nenagh Union, Co. Tipperary, vice J. P. Harris, L.R.C.P.Ed., resigned.

F. LEWIS, M.D., has been elected Medical Officer and Public Vaccinator for the Workhouse and District No. 1 of the Daventry Union, Northamptonshire, vice J. Bolland, L.R.C.P.Ed., deceased.

A. M'GILL, M.D., has been appointed Medical Officer and Public Vaccinator for the Ashburton or No. 1 District of the Newton-Abbot Union, vice J. J. Sparham, M.R.C.S.E., resigned.

E. D. Mapother, M.D., has been elected Medical Officer of Health for the City of Dublin.

W. J. MULLAN, L.R.C.S.I., Assist.-Surg. Army on half-pay, has been elected Medical Officer and Public Vaccinator for District No. 1 and the Workhouse of the Rye Union, Sussex, vice R. C. N. Davies, M.R.C.S.E., resigned.

J. W. PEARCE, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Farcet District of the Peterborough Union, Northamptonshire, vice O. Sprigge, M.R.C.S.E., resigned.

T. R. PEARSON, L.R.C.P.Ed., has been appointed Assistant Medical Officer to the Middlesex County Lunatic Asylum at Colney Hatch.

J. L. P. PUGH, M.R.C.S.E., has been appointed a District Medical Officer of the Halifax Union, vice B. Utley, L.F.P. & S. Glas., resigned.

F. W. A. RAWLINS, M.D., has been appointed Medical Officer and Public Vaccinator for the Stoke Newington District of the Edmonton Union.

J. J. RYAN, M.D., has been elected Medical Officer and Public Vaccinator for the Waterford Dispensary District of the Waterford Union, vice R. P. Williams, M.B., resigned.

Mr. SHORT has been elected Dispenser to the Royal Pimlico Dispensary.

H. W. STATHAM, M.R.C.S.E., of Woburn-place, has been elected Apothecary to the Foundling Hospital, vice W. S. Hutchinson, F.R.C.S., resigned.

D. W. STEPHENS, M.D., has been appointed Medical Officer for the Warblington District of the Havant Union, vice J. Taylor, M.R.C.S.E., resigned.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

F. S. ARNOTT, M.D., C.B., Deputy Inspector-General of Hospitals Bombay Service (holding the temporary rank of Inspector-General), has been promoted to Inspector-General of Hospitals, vice Mackenzie, retired.

T. ATCHISON, M.R.C.S.E., Surg. 2nd Bengal Cavalry, has been ordered to relieve Assist.-Surg. J. Leask, 94th Regiment, of the civil medical duties of Umritsur.

J. BILDERBECK, Assist.-Surgeon, has been removed from the F Battery 20th Brigade Royal Artillery at Madras, to the 7th Madras Native Infantry.

J. M. CAMERON, L.R.C.S.Ed., Assist.-Surg. Bengal Service, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol at Sironcha, of which he is in charge, and with regard to the prisoners confined therein.

G. C. CLERY, M.R.C.S.E., Assist.-Surg. 9th Lancers, has been appointed Staff Assist.-Surg., vice Spry, who has exchanged.

J. E. CLUTTERBUCK, M.D., Staff Surg. Army, has been appointed Surg. to the 42nd Foot, vice Furlong, appointed to the 6th Dragoons.

R. COCKBURN, M.R.C.S.E., Surg., has been appointed to officiate as Civil Surg. of Benares, Bengal.

J. B. COLLISON, Assist.-Surg. Bengal Service, Civil Assist.-Surg. of Ghazeepore, has been placed in charge of the Gaol at that Station, and invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol.

D. COSTELLOE, M.D., Surgeon-Major Bombay Service (holding the temporary rank of Deputy Inspector-General), has been promoted to Deputy Inspector-General of Hospitals, vice Arnott, promoted.

H. C. CUTCLIFFE, F.R.C.S.E., Assist.-Surg. Bengal Service, Civil Assist.-Surg. of Deyrah-Doon, has been placed in charge of the Gaol at that Station, and invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol.

C. J. DEVONSHIRE, M.B., Assist.-Surgeon R.N. March 2nd, 1858, has been appointed to the "Warrior."

H. DOWNES, M.D., Staff Surgeon-Major, has been ordered to assume medical charge of the 38th Regt. at Delhi.

W. C. ELLIOT, M.D., Assist.-Surgeon, has been removed from the 7th Madras Native Infantry to the 12th Madras Native Infantry.

H. FEGAN, M.D., Assist.-Surg. R.N. June 6th, 1856, has been appointed to the "Dauntless."

M. FINUCANE has been appointed Staff Assist.-Surgeon Army, vice Hinde, promoted on the Staff.

J. A. FOY, M.R.C.S.E., Assist.-Surg., from doing duty with Detachments of the 7th and 43rd Madras Native Infantry, has been posted to do duty with Detachments of Madras Native Infantry at Sumbulpore.

J. S. FURLONG, M.D., Surg. 42nd Foot, has been appointed Surg. to the 6th Dragoons, vice Turnbull, appointed to the Staff.

W. GEYLLS, Assist.-Surg. Bengal Service, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol at Chindwara, of which he is in charge, and with regard to the prisoners confined therein.

G. B. HADOW, M.R.C.S.E., Assist.-Surgeon Bengal Service, officiating Civil Assist.-Surg. of Boolundshuhur, has been placed in charge of the Gaol at that Station, and invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol under his charge.

D. D. HEATHER, L.R.C.S.I., has been appointed Staff Assist.-Surg. Army.

N. HEFFERNAN, M.B., Surg.-Major 11th Foot, has been appointed Staff Surg.-Major, vice Trousdell, who has exchanged.

C. A. HEMINGWAY, M.R.C.S.E., has been appointed Assist.-Surg. to the 29th West Riding of Yorkshire Rifle Volunteer Corps.

B. HINDE, L.K.Q.C.P.I., Staff Assist.-Surgeon Army, has been appointed Staff Surg., vice W. K. Chambers, M.D., deceased.

H. KING, M.B., Assist.-Surgeon Bengal Service, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol at Baitool, of which he is in charge, and with regard to the prisoners confined therein.

J. A. LAMBE, L.R.C.S.I., Assist.-Surg. attached to the 84th Regt., has been placed in charge of the civil medical duties at Azimgurh, as a temporary arrangement, and also placed in charge of the Gaol there, and invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol under his charge.

J. LAW, Assist.-Surg. Bengal Service, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol at Bhundara, of which he is in charge, and with regard to the prisoners confined therein.

H. P. LAWRENCE, L.R.C.S.Ed., Surgeon, has been appointed to the medical charge of the 29th Bombay Native Infantry or 2nd Belooch Battery.

D. M'C. M'D. M'DONALD, M.R.C.S.E., Staff Surg.-Major Army, has been appointed Surg. to the 25th Foot, vice R. Browne, deceased.

J. C. MORICE, M.R.C.S.E., Assist.-Surgeon 10th Bengal Cavalry, has received medical charge of the Harowtee Political Agency from Assistant-Surgeon A. D. Campbell, M.D., who has proceeded on preparatory leave to Bombay.

R. P. OGLESBY, M.R.C.S.E., has been appointed Assist.-Surg. to the 7th West Riding of Yorkshire Rifle Volunteer Corps.

J. N. J. O'MALLEY, Assist.-Surg. R.N. April 25th, 1856, has been appointed to the "Boscawen" for the "Ferret."

J. L. PAUL, M.D., Assist.-Surg. Madras Service, has been appointed to act as Superintendent of the Lying-in Hospital until further orders, and without prejudice to his appointment as Surgeon of the General Hospital, and to act as Professor of Midwifery in the Medical College until further orders, and without prejudice to his appointment as Professor of Surgery and Clinical Surgery.

F. PEARSON, M.R.C.S.E., Superintendent of Vaccine at Rohilkhund, Kumaon, and Gurhwal, has been appointed Superintendent of Vaccination in the North-West Provinces, East Indies.

J. G. PILCHER, M.R.C.S.E., Assist.-Surg. Bengal Service, Civil Assist.-Surgeon of Goruckpore, has been appointed Civil Assist.-Surgeon of Moradabad, but to continue to officiate as Superintendent of the Central Prison at Meerut.

G. R. PLAYFAIR, M.D., Civil Surg. Bengal Service, has been placed in charge of the Central Gaol of Agra, during the absence on leave of Assist.-Surg. C. Plank, or until further orders, and invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol under his charge.

C. PRENTIS, Assist.-Surg., has been appointed to officiate as Civil Assist.-Surg. of Mynpoorie, Bengal, and placed in charge of the Gaol at that Station, and invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol under his charge.

W. R. RICE, M.D., Assist.-Surgeon Bengal Service, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol at Saugor, of which he is in charge, and with respect to the prisoners confined therein.

W. ROBERTS, Assist.-Surg. Bengal Service, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol at Seonie, of which he is in charge, and with regard to the prisoners confined therein.

C. D. SHEPHARD, M.R.C.S.E., Surg. R.N. June 11th, 1855, has been appointed to the "Immortalité."

E. M. SINCLAIR, M.D., Assist.-Surgeon 97th Foot, has been appointed Staff Assist.-Surg., vice Jessop, appointed to the 6th Dragoons.

G. F. SPRY, M.D., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 9th Lancers, vice Clery, who has exchanged.

W. STEPHEN, M.D., has been appointed Assist.-Surg. to the 1st Aberdeenshire Artillery Volunteer Corps.

C. STEWART, M.D., officiating Superintendent of Vaccination, has been placed in medical charge of the Central Gaol at Agra as a temporary arrangement.

C. J. SYLVESTER, M.D., Senior Assist.-Surg. Bombay Service, has been promoted to Surgeon, vice Costelloe, promoted.

H. TAYLOR, Assist.-Surg., has been placed on general duty Bombay Garrison.

E. S. THIEB, M.R.C.S.E., Surg.-Major, removed from the 8th Madras Native Infantry, has been appointed to the medical charge and to do duty with the 17th Brigade and Details of the Royal Artillery at St. Thomas's Mount. The appointment of Surg.-Major D. T. Morton, F.R.C.S.E., to this charge has been cancelled.

C. TRIMNELL, Assist.-Surg. Bengal Service, has been invested with the powers of a Magistrate, to be exercised within the precincts of the Gaol at Nursingpore, of which he is in charge, and with regard to the prisoners confined therein.

G. F. TRIMNELL, M.R.C.S.E., Surg. Bengal Service, has been invested with

the powers of a Magistrate, to be exercised within the precincts of the Gaol at Hoshungabad, of which he is in charge, and with regard to the prisoners confined therein.

W. G. THOUSDELL, M.D., Staff Surg.-Major Army, has been appointed to the 11th Foot, vice Heffernan, who has exchanged.

G. A. TURNBULL, L.R.C.S.Ed., Surg. 6th Dragoons, has been appointed Staff Surg., vice Clutterbuck, appointed to the 42nd Foot.

J. W. TYLER, M.D., officiating Civil Assist.-Surgeon of Etah, has been transferred, in the same capacity, to Mynpoorie, as a temporary arrangement.

J. WALLACE, Assist.-Surgeon, in medical charge of the Troops at Kangra, has been placed in medical charge of the Kangra Dispensary, in addition to his other duties, from the date of Assist.-Surg. Daniels being relieved at Dharmsala.

Births, Marriages, and Deaths.

BIRTHS.

On the 23rd of May, at Plantation Eliza and Mary, River Corentyn, British Guiana, the wife of Walter Watkins, M.R.C.S.E., of a son.

On the 24th ult., at Cornwall Villas, Westbourne-park, the wife of Arthur H. Nowell, M.R.C.S.E., of a son.

On the 25th ult., at Battle, Sussex, the wife of H. M. Champneys, F.R.C.S.E., of a daughter.

On the 26th ult., at Bury St. Edmund's, the wife of Walter Scott, M.D., of a daughter.

MARRIAGES.

On the 16th ult., at Willesden Church, Richard Haydock Wilbe, M.D., of Queen's-road, St. John's-wood, to Elizabeth, eldest daughter of W. Wiffin, Esq., of Holborn.

On the 28th ult., at St. Paul's Church, West Smethwick, Samuel Lloyd, M.R.C.S., to Mary Anne, youngest daughter of Samuel Mallin, Esq., of Spon Croft House, West Smethwick.—No Cards.

On the 29th ult., at St. Mary's, Whitechapel, James Scott Sequeira, M.R.C.S. Eng., of Mansell-street, Goodman's-fields, to Maria Rosina, daughter of Charles Rackwetz, Esq., of St. John-street, Islington.—No Cards.

DEATHS.

On the 1st ult., R. A. Smith, M.R.C.S.E., of Taunton, Somersetshire.

On the 20th ult., at Gainford, Barnard Castle, Durham, T. S. Edger, M.D., J.P. for the County of Durham, aged 86.

On the 21st ult., at Glasgow, suddenly, J. Somerville, Surgeon-Dentist.

On the 25th ult., at Wokingham, Newton Cecias, M.R.C.S.E., late Senior House-Surgeon, Northern Hospital, Liverpool, aged 29.

Medical Diary of the Week.

MONDAY, JULY 4	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. ROYAL INSTITUTION. — 2 P.M. General Monthly Meeting of Members. EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Dr. Francis Bowen, "On the Results of Revaccination in the British and some of the Continental Armies."
TUESDAY, JULY 5	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ETHNOLOGICAL SOCIETY. — 8 P.M. Prof. Huxley, "On certain Japanese and African Cannibal Skulls." — Mr. Vámbéry, "On the Kirghis and other Tribes of Central Asia." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8 P.M. Extra Meeting: Report of the Scientific Committee on the Uses and Effects of Chloroform.
WEDNESDAY, JULY 6	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, CALEDONIAN-ROAD. —Operations, 2 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. LONDON HOSPITAL.—Operations, 2 P.M. OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Adjourned Discussion on Dr. Greenhalgh's paper "On Placenta Prævia."—Mr. Gant: "Dissection of the Uterus in a Case of Placenta Prævia."—Dr. Wynn Williams, "On Missed Labour."
THURSDAY, JULY 7	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
FRIDAY, JULY 8	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, JULY 9	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Opera 2 P.M.

To Correspondents.

Fair Play, (Manningtree.)—Has there been any complaint made of the manner in which Mr. Peat has performed his duties as vaccinator of the Tendring Union? We are in favour of appointing every qualified practitioner who desires it as vaccinator under the Poor-law. There are many cases, however, in which exception to this may be fairly made, more particularly in those districts in which the population is not large, and the surgeon in office efficiently performs his duties. Before giving any opinion on the conduct of the guardians, we must have information as to the state of vaccination in the Tendring Union.

Mr. Thomas Thorp.—The qualification does not entitle its holder to style himself a Doctor of Medicine.

Dr. Woodward will perceive that we have attended to his request.

THE DAY TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—The enclosed letter has been forwarded to me from Dr. Day, late of St. Andrews, in public recognition of a testimonial recently presented to him. I should be obliged if you would kindly allow the insertion of the letter of Dr. Day in the pages of THE LANCET.

I am, dear Sir, yours truly,

R. W. RICHARDSON, M.D.,
Chairman of the Day Testimonial Committee.

Hinde-street, June 22nd, 1864.

(COPY.)

"St. Mary's Church, near Torquay, June 17th, 1864.

"MY DEAR DR. RICHARDSON,—I have to-day received the very handsome cabinet containing the illustrated edition of Cuvier's 'Règne Animal,' which, as Chairman of the St. Andrews Graduates' Committee, you have forwarded to me in the name of the subscribers.

"It was a source of deep regret to me that my prolonged ill health, which almost entirely confines me to the house, prevented me from being present at the graduates' dinner, to receive direct from your hands this very splendid gift, although I am well aware that the task of acting as my representative was most ably accomplished by my friend and namesake, Dr. Day, of Stafford. Unfortunately the same physical inability which prevented me from attending the dinner, and personally tendering my most cordial thanks to my friends for this very gratifying evidence of their regard, makes the act of writing so difficult to me that I am compelled, instead of addressing the subscribers to the testimonial individually, to beg that you will in my name assure them of the pride and pleasure with which I accept this very flattering token of their continued regard.

"By the addition of the album containing their cartes and autographs, they have greatly increased the value of their most acceptable gift; and in my present retirement I shall highly value this souvenir of the many distinguished members of our profession, the recollection of whose friendship is associated with the more active part of my life.

"With the warmest thanks to you personally for the kindly feelings that prompted you to originate the movement to recognise in this public form my humble efforts to sustain the character of the University of St. Andrews,

"I remain, dear Dr. Richardson, ever most truly yours,

"Dr. Richardson." "GEORGE E. DAY.

Juvenis.—The atmosphere at night-time contains more ozone than during the day. Air which is very cold and dry produces but a small amount of ozone; whilst heat and humidity favour its production. The atmosphere of rural localities always contains more of the agent in question than does that of towns. Coloured and white flowers do not disengage ozonized oxygen, but which is given off by the green parts during the day.

Spitalfields.—We regret that Mr. J. Betts, M.R.C.S.E., thinks it necessary to circulate placards similar to that which has been forwarded to us.

Mr. Edwin Chabot.—The subject of the prevention of scarlatina has long occupied the attention of members of the profession.

Mr. M'Whinnie's paper on "Tumours of the Neck" shall appear next week.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I must trouble you with one other communication on this subject. My complaint was that Mr. Mathew had seen and prescribed for a patient of mine without communicating or attempting to communicate with me on the subject; that he had made remarks reflecting upon my treatment and professional capabilities; and that he had thereby acted most improperly, and been guilty of a breach of professional etiquette.

Mr. Mathew has now himself furnished abundant evidence to demonstrate that my charge was correct to the fullest extent. It appears from his own confession that on one day he saw my patient, but refrained from prescribing for it; next, that he prescribed for it, and that he saw it a second time; never once sending me a message, or offering to make an appointment with me. What right, I ask, had Mr. Mathew to do all these things behind my back in the case of a patient of mine? I know nothing about Mr. Mathew's relations with the family; but I do know that the child and her mother were patients of mine, the latter having been attended by me in both her confinements, and that I had every right to expect to be treated with courtesy and consideration. Mr. Mathew complains that I, on hearing that he unknown to me had seen and prescribed for my patient, and that he had reflected upon me personally, used somewhat strong language; but, be it remembered, this was not prior to Mr. Mathew's behaviour, but subsequent; that it was not the cause, but the consequence, and therefore he has little to complain of on this head. Indeed it was inevitable that a person situated as I was should express himself with natural indignation; and Mr. Mathew may be assured that if he treats his professional brethren in the same manner as myself, he will not escape without the application to his conduct of at least strong and indignant remonstrance.

Thanking you for the attention you have given the matter,

I remain your obedient servant,

High-street, Putney, June, 1864. R. CHEVALLIER CREAM, M.D.

A Staff Surgeon, R.N.—We are quite sure that our correspondent will feel that no injustice was intended to Sir James Prior or to any other surgeon. Conservative surgery was not the creation of a moment, nor did it spring at once fully grown from the brain of one person. Mr. Fergusson speaks with equal truth and modesty of his past experience. No man has so good a right as he to consider the conservative surgery of the day as chiefly of his creation.

D. J. S.—It is most injurious under any circumstances.

G. O. G.—The addition of coffee to the infusion of senna is said to correct both the griping effects and nauseous taste of the latter agent.

"WESTWARD HO!"

To the Editor of THE LANCET.

SIR,—I fully agree with what "M.B. Lond." states in your journal of the 18th inst., that all those who are licentiates of the Apothecaries' Hall of London on the 1st July, 1864, should receive the licence of the College of Physicians without examination. I would feel much obliged if "M.B. Lond." will give in the next number of THE LANCET the name and address of the person who is getting up the memorial to the College of Physicians, as I will not only be happy to sign it myself, but get others to do so.

I am, Sir, yours &c.,

June, 1864. ONLY L.S.A., 1863.

P.S.—Perhaps "M.B. Lond." will kindly say where a letter may be addressed to him on the subject.

To the Editor of THE LANCET.

SIR,—Allow me to solicit your support to the suggestion proposed by your correspondent, "M.B. Lond.," on behalf of those holding the licence of the Apothecaries' Society. The privilege sought for by him would be a great boon conferred upon a large body of medical men. On referring to the Medical Directory for the year 1863, I find that in the metropolis alone there are 161 practitioners with the single qualification of L.S.A., in the provinces they amount to 617, who are placed in a very anomalous position since the new Medical Act came into force. I feel certain that if you were to advocate the cause, a large number would gladly embrace the opportunity to memorialise the College of Physicians to grant their licence upon payment of the usual fee. I think the thanks of the L.S.A.s are due to "M.B. Lond." for his well-meant proposition, which, if successful, will greatly benefit a numerous class of those who are often undeservedly reflected upon.

am, Sir, yours respectfully,

June, 1864. SPES.

To the Editor of THE LANCET.

SIR,—I read with pleasure the letter of "M.B. Lond." in your number of the 18th instant. The suggestion contained in it is one which I think would not be discarded by the College authorities if brought properly before them. Is not the diploma of the Apothecaries' Company as decidedly medical as that of the College of Physicians? Why then should a second examination be passed to obtain it? The admission of licentiates of the Apothecaries' Company to the licence of the College of Physicians is only upon a par with a B.A. of any University who has obtained that degree after examination, and after a prescribed time seeks a higher title in that of M.A., which is granted by payment of the fee without further examination, and in such a manner would most of the licentiates of the Apothecaries' Company look upon the licence of the College of Physicians. Or take another instance. Do we not often see members of one University, College, or Faculty admitted *ad eundem* members of another by simple payment of a fee, the production of their degree or diploma being quite sufficient proof of the examination that has been passed? Again, did the College of Physicians of Edinburgh during her year of grace refuse her diploma, unless an examination was passed, to many who had no other diploma than that of the Apothecaries' Company? An inspection of the Medical Directory will clearly answer this question. No doubt the Edinburgh College of Physicians conscientiously felt that the examination of the Apothecaries' Company was a fair test of a man's knowledge of medicine, midwifery, and materia medica in particular, which are the only subjects now required by the College of Physicians from men of a certain standing in their profession.

Surely, then, with these facts staring it in the face, and with the help of the medical press, the College of Physicians cannot honourably turn a deaf ear to the suggestion of "M.B. Lond.," and doubtless the wish of many Hall licentiates. I remain, Sir, your obedient servant,

June, 1864. L.S.A.

To the Editor of THE LANCET.

SIR,—There is a letter in your impression of the 18th instant, signed "M.B. Lond.," stating that a memorial is now in course of signature for presentation at the College of Physicians, containing the following most extraordinary suggestion:—"That the College of Physicians of London should grant or present its licence to all those who may be in possession of the licence of the Society of Apothecaries of London on the 1st of July, 1864, without examination, and on paying a fee which would be merely sufficient to defray the expense incurred."

I trust, Sir, in justice to those who have worked hard and succeeded in passing one of the best and fairest practical examinations of the day, and for the sake of maintaining its own high position, the College of Physicians will take no notice of memorials signed by gentlemen who, no doubt, would be delighted to avail themselves of the R.C.P. licence "without examination, and on paying a fee which would be merely sufficient to defray the expense incurred."

Your obedient servant,

J. ELLERTON, M.D.

North Riding Infirmary, Middlesbro', June, 1864.

To the Editor of THE LANCET.

SIR,—The remarks of your correspondent, "A. F.," in the last number of your journal, in the most remarkable manner support me in still continuing to advocate my views on the question of making the Royal College of Physicians of London the *national medical examining board* on the very grounds put forth by "A. F."—namely, the great superiority of the requirements necessary for those who present themselves at the door of the College of Physicians, together with the status accorded by its licence in comparison with that given by the Society of Apothecaries, who have, no doubt, done exceedingly well *in their time*; but, in order that our profession should now and ever advance in status and public estimation, I and many others think that if my suggestion be carried out, such would be its certain effect.

In reply to the last paragraph in the letter of "A. F." I merely say that it would be scarcely fair to require, and in fact it would be found absolutely impracticable for, the majority of practitioners to trouble themselves with any more examinations, nor would they be likely to meet any heavy demands on their pockets in the way of examination fees.

I am most hopeful that the President and Council of the College of Physicians will, with the full sanction (should they deem it necessary to ask it) of their present licentiates, put the practitioners holding the Apothecaries' licence on the 1st of July, 1864, on a par with the men whose acquirements are of so high an order, and thus give an overwhelming impetus to the future generations of students to present themselves for the licence of the Royal College of Physicians of London, and probably also be the means of inserting the thin end of the wedge towards the establishment of only one set of examinations for general practice, and doing away with the confusion now existing in consequence of the multiplicity of such examinations.

I am, Sir, yours, &c.,

June, 1864. M.B. LOND.

P.S.—A well-signed memorial on the above subject has been forwarded to the College, and I trust the example will be followed numerously.

Brophus.—Our correspondent will find the University of Erlangen, in Bavaria, to answer his purpose. Not more than a few days' residence is required, just enough to pass an examination. "Brophus" had better write to the Secretary of the University (the English language is well understood at the faculty), and he will obtain the proper information. No German University grants, *at present*, degrees without examination; the diploma costs about £20. A letter from Dr. Hitchman, of Liverpool, on this subject will be found in THE LANCET of Jan. 2nd, 1864, p. 29; but it refers to times gone by.

MORTALITY ON THE GOLD COAST.

WE have received letters from *Mr. T. Oughton* and *Dr. Alfred Lewis*, Staff Assistant-Surgeons, requesting us to contradict the statements which have gone abroad of their deaths. Both have now returned to England.

HAY FEVER.

To the Editor of THE LANCET.

SIR,—I can truly commiserate with your correspondent on account of the hay asthma, and more especially as I am a fellow-townsman of his, for I am likewise a martyr to that troublesome ailment. It has now affected me for the last four years, always commencing with the hot weather; and I have tried many palliatives, but I cannot succeed in getting rid of it in less than a month. It appears to be relieved in some subjects by agents which rather increase it in others. For instance, last year I found great comfort in smelling aromatic vinegar; but on advising a trial to a suffering friend, he found it made him worse, and *this* year it does me no good. A surgeon, whose name I cannot now recollect, recommended laudanum in doses of two to four minims every hour; but last year I tried this with little or no effect. I also tried quinine and other tonics. This year I have been troubled with it more than ever, and I could obtain no relief while out in the sun until I tried chloroform, which I now always carry about with me in a half-ounce bottle. The best way is to put four or five drops on a handkerchief; for the feeling of relief when the bottle is placed to the nose is so great that it is difficult to resist holding it there for some time.

It not only affects me in the fields, but the dust of a town on a hot sunny day seems to excite it; for lately during a two days' visit to London I had a most severe attack.

Hoping my experience may be of some benefit to your correspondent,

I remain, Sir, your obedient servant,

June, 1864. HAY ASTHMA.

To the Editor of THE LANCET.

SIR,—I am now in middle life, and have been ever since I can remember a sufferer from hay fever. My father had it every year till he died, aged eighty-four. Of his seven children, I alone appear to inherit the complaint. Of my four, all grown up, not one has shown the least symptom of it. I have tried, under medical advice and others, everything that has been suggested, and have come to the conclusion that hay fever is curable only by sea breezes, as when under their influence I never suffer. I have, however, found great alleviation from the following treatment, which I still adopt:—Night and morning I sponge up my nostrils cold water, and apply the same well to my eyes; and every night, before I enter bed, having first blown my nose, I grease each nostril internally with cold cream. I used, besides, to take twice a day, six or seven drops of laudanum in a wineglass of water, and from it derived great benefit; but finding it affect my head, I discontinued its use. The cold water and cold cream, applied as above, I have ever found most effective, as have others. I have, too, derived benefit from the following eye-water, the prescription given by a friend who was a martyr to the malady:—Divine stone, one drachm; laurel water, two drachms; distilled water, six ounces: make a collyrium, and apply twice a day.

It strikes me the disease is constitutional, as often, as now, sitting quietly writing in my chamber, I all of a sudden sneeze spasmodically, and my eyes itch fearfully. I apply cold water fresh from the pump; the redness and itching soon leave my eyes, the sneezing ceases, and for a time all is well. It is a most strange malady, and a most tormenting one. The scent of flowers brings it on at once, and a rose brought near is as much dreaded by me as is a kick or blow by one troubled with a gouty foot.

I am, Sir, yours faithfully,

Hare-court, Temple, June, 1864. WM. COOPER.

To the Editor of THE LANCET.

SIR,—Reading the cases of hay fever lately in your journal has brought to my mind one which occurred in my practice a few weeks since. The attack was not a continued one, but periodical, coming on every Saturday morning, and lasting all the Sunday. It was quickly and completely removed by eight minim doses of Fowler's solution, taken three times a day.

I remain, Sir, yours faithfully,

FREDERICK DANFORD, M.R.C.S.

Upper Dorset-street, Bryanston-square, June, 1864.

To the Editor of THE LANCET.

SIR,—"A Friend to THE LANCET" will obtain relief by breathing chlorine, which he may accomplish by placing a few ounces of fresh chloride of lime daily in each of his apartments, if of a fair average size; also by having a wide-mouthed Preston salts bottle filled therewith for out-door use.

Yours faithfully,

Bow-road, June, 1864. S. LAWRENCE GILL, L.R.C.P. Edin.

THE UNHELPED POOR.

Civis S. writes to us as follows:—"Your interesting and feeling article on 'The Unhelped Poor' has forcibly arrested my attention, and no part more so than that which relates to a certain class of officials. Fully convinced do I feel that if kindness on their part were insisted upon as one of the features whereby their place was to be held, we should hear much less than we now do of bastilles, &c. &c., when our poor brethren speak of workhouses and unions. I earnestly trust that you will continue to bring this subject before the public, and individually I thank you for what you have already so well and so judiciously done."

A Sufferer should pay no attention to such false and knavish books. All the cases of cure are pure inventions, as absurd, scientifically considered, as they are disgraceful in another sense.

Dr. J. E. Neild (Melbourne) is thanked for his communication. We will not fail to take advantage of the information he has kindly forwarded.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—At a meeting of the Committee of the metropolitan Poor-law medical officers, held on the 24th instant, the following resolutions were unanimously adopted:—

1. That, in the opinion of this Committee, the Poor-law medical officers of England are under a deep debt of gratitude to Richard Griffin, Esq., of Weymouth, for the untiring zeal, energy, and time, which for nearly ten years he has bestowed upon the cause of Poor-law medical reform. That the concession to the Poor-law medical service recommended by the Select Committee on Poor Relief (England) is doubtless in a very great measure due to the perseverance and forcibleness with which Mr. Griffin has invariably advocated the claims of his Poor-law medical brethren. That therefore it is hoped the whole Poor-law medical staff of England will unite with a view to some suitable acknowledgment of his past laborious services.

2. That the present Committee of the metropolitan Poor-law medical officers, with power to add to their number, do form themselves into a Committee for the purpose of giving practical effect to the above resolution.

3. That Dr. Robert Fowler, 145, Bishopsgate-street Without, be appointed Treasurer and Honorary Secretary to the Griffin Testimonial Fund.

4. That the Honorary Secretary do issue printed circulars to all the metropolitan Poor-law medical officers, soliciting their active co-operation and subscription for the object of—firstly, defraying the out-standing expenses pertainable to Mr. Griffin's Poor-law Medical Reform Fund; and subsequently enabling the whole body to present him with such a testimonial as may hereafter be determined upon.

I trust to have a handsome respond to this appeal. The Poor-law medical officers will, I am sure, acknowledge not only that our indefatigable champion must not be out of pocket by his exertions on our behalf, but also that he deserves something more than bare thanks at our hands. I beg therefore the means to give him a practical expression of our gratitude.

In reply to Mr. Prowse, I desire to state that on March 12th last, Dr. Woodward, of Tything, Worcester, under the signature of "G. E. D." "originated the idea" of a shilling subscription from each of the 3000 medical officers towards the Medical Reform Society. On March 19th *following*, Mr. Prowse suggested the *addendum* of another shilling for a Griffin testimonial. In my last letter to you I "unwittingly" (I am sure) omitted this latter fact. As, however, my scheme conjoins, in a measure, the suggestion of both these gentlemen, I hope Mr. Prowse will look upon my "error" as a case of "chameleon," and join heart and soul as a Provincial Secretary.

Your obedient servant,

145, Bishopsgate-street Without, June 25th, 1864. ROBERT FOWLER, M.D., Honorary Secretary and Treasurer.

*** In order to simplify the proceedings, it would be well that the Metropolitan Committee should take the entire management of the Griffin Testimonial Fund.—ED. L.

X. Y.—From information which we have received, the prospects of a qualified man are good in several of the now rapidly-growing towns of Western Canada. We cannot state any particular place, although many of the chief towns have furnished surgeons for the Federal armies, thus creating openings for medical practice.

A Distressed Operative must send his name and address, and he shall receive the information he requires.

The Father of Six Handsome but Inquiring Daughters.—The filthy advertisements which now defile the columns of many of the public papers must be prevented, or it will be impossible to admit some of these journals into our families. *The Times* excludes from its pages the fraudulent, mendacious, and disgusting announcements.

B. B. B.—He can so style himself. There is no law to prevent it.

VALERIANATE OF AMMONIA IN THE TREATMENT OF NEURALGIA.

To the Editor of THE LANCET.

SIR,—Perhaps some of your readers would kindly narrate briefly their experience of Bastick's solution of the valerianate of ammonia in the treatment of neuralgia and nervous affections generally, and its dose, and oblige,

Your obedient servant,

June, 1864. RUS.

A Surgeon.—A gentleman so qualified can assume the title. He infringes no statute law by so doing.

H. B. J. (Plymouth) has been answered in a former number of THE LANCET. We cannot recommend the person named.

Mr. Alfred W. Moore.—Our attention has been directed to the subject. The pamphlet has no merit.

Psychopathist.—Demonomania is a form of delusion yet to be met with occasionally in these modern days. At Morzine, in Savoy, a sort of epidemic of it not long since prevailed.

Mr. S. Long.—The "case" has no particular interest in the absence of the report of a qualified medical practitioner.

Inquirer.—A Coroner is perfectly justified in receiving any evidence which can throw light on the cause of the death under investigation. The fact of the witness not being qualified may detract from the value of his evidence, but does not invalidate its reception. A witness who takes a false oath on a matter pertinent to an official inquiry before a competent tribunal is open to a prosecution for perjury.

PASSIVE AND ACTIVE STUDY.

To the Editor of THE LANCET.

SIR,—In your impression of the 18th instant appeared a very excellent discourse by the Archbishop of York, and a very appropriate "leading article," on a method of teaching, which is more likely to be attended with satisfactory results than the one which is now generally adopted in our medical schools.

The students of our London hospitals have long felt the want of a something to increase and arrange the numerous little scraps of medical knowledge which they pick up from lectures, dissections, clinical observations, and the many other sources of information that exist in connexion with all large hospitals. The medical student at the end of three or four years spent in obtaining professional acquirements, sees his mind to be one mass of dubious facts jumbled together in a perfect chaos, without the faintest mark of regularity or order; the effect being that his self-reliance fails him at the examining board, and he finds his knowledge almost useless, and his diagnosis confused at the bedside.

The result of this perceptable imperfection has been the growth, and now the established existence, of that curious medical being commonly termed "the grinder." This being is one who, by the supposed orthodox members of the faculty, is looked down upon. By a second class of members he is considered as the right hand of the profession, its chief support, and they hold that it is absolutely necessary for all medical students to "grind." Between these two extremes is a large number, who, with more reason and justice, do not look down upon him, nor do they say that he is absolutely necessary; but they maintain that "the grinder's" principle of teaching is the correct one, requiring a modification of the practice, and that he supplies, though imperfectly, a great want in our present system of medical education. "The grinder" may be compared to one of those tutors mentioned by the Archbishop, who have a class of twenty or more pupils. Even this is reckoned as rather unwieldy. What would his Grace say if he saw the class of our medical tutor on the other side of the water? Most probably he would tell us that a "grinder" was a dozen or more ordinary tutors compressed into one by the hydraulic press of old men's bigoted notions and young men's proud ones. This machine is a very powerful one in the medical profession.

There are always third or fourth year's men sufficiently qualified to undertake the duties of tutors, if the professors do not modify their present mode of teaching; for there are few lecturers to be found who "have a kind of picture of each of the pupils in his mind, and are able to say of them, 'This is an active man, who can take care of himself. This man wants a little whipping up; I must privately lead him on. This man is very idle; I must give him a warning.'"

It will certainly show a want of ordinary energy and common sense if this subject be allowed once more to fall to the ground, after being set in motion by such a noble and learned mind as that of the Archbishop of York.

I remain, Sir, yours respectfully,

London, June, 1864. MINOS.

SEVERAL communications which are not replied to in this week's LANCET will receive attention in our next issue, to which our correspondents are referred.

ERRATA.—In THE LANCET of last week, page 732, line 10 from bottom of first column, for "swallowing," read "snowballing;" and on page 736, line 4 from bottom of first column, for "British," read "Turkish."

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Tufnell, Dublin; Sir John Fife, Newcastle; Dr. Grally Hewitt; Dr. Tuke; Dr. Woodward; Dr. Hopton, Cannock; Dr. Tessier, Ferry Hill; Mr. Hardesty; Mr. Walker, Wakefield, (with enclosure;) Mr. Philpot; Mr. Grabb; Mr. Moore; Mr. C. Fox; Dr. Jeans; Mr. Davies; Dr. Fowler; Dr. Harvey; Mr. Copney; Mr. Edwards; Mr. Cregeen, Peel, (with enclosure;) Mr. R. L. Davison, Newburn; Mr. Cookson, Preston; Mr. Ellis, Scarborough; Dr. Mitchell, Trinidad; Mr. Oughton; Mr. Watkins, British Guiana; Dr. Jones, Dolgelly; Dr. Goddard, Longton; Mr. Turner, Manchester; Mr. Tucker, (with enclosure;) Mr. Horton, (with enclosure;) Mr. Manning; Mr. Gell; Mr. Housley, Warsop; Mr. Wrench; Mr. Knott, Middleton; Mr. Hardey; Mr. Statham; Mr. J. Hatton, Belvedere; Mr. Pyle, Amesbury; Dr. Lewis; Dr. Chambers, Margate; Dr. Maysmor; Mr. Carrington; Mr. Wright; Mr. G. Barber; Mr. Cooper; Dr. Webb, Wirksworth; Mr. Wilkin, Staplehurst; Mr. Shaw; Dr. Coucher, Weymouth; Mr. Trible, Thornbury; Mr. Teague, Bexhill; Dr. Kerr, Trinidad; Mr. Nason, Nuneaton; Mr. Bright; Mr. A. M'Whinnie; Mr. T. Chambers; Dr. Cream; Dr. Thompson, Whitehaven; Mr. E. Arrowsmith, (with enclosure;) Mr. Jennings, Coleford, (with enclosure;) Mr. Bowles, Folkestone; Mr. Wilkinson, Stockport; Mr. Croft, (with enclosure;) Dr. Frabaw, Berlin; Mr. Croskery; Mr. Brooke; Mr. S. Long, Kingston; Messrs. Gilbey; Fairplay; University College; Agogos; The Father of Six Handsome but Inquiring Daughters; Chirurgus; Z.; M.B. Lond.; H. B. J.; A Staff Surgeon, R.N.; D. R. E.; W. H. C.; X. Y.; A Surgeon; A Sheffielder; A Distressed Operative; E. B.; Anglo-Indian; A. G. W.; Ethnological Society; D. J. S.; A. G. M., (with enclosure;) Civis; Royal Institution; Psycopathist; Juvenis; &c. &c.

THE *Hampshire Telegraph*, the *North-Western Whig*, the *African Times*, and the *Belfast News-Letter* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.